

City of Milwaukee

2008
COMMUNITY
HEALTH
ASSESSMENT

CITY OF MILWAUKEE HEALTH DEPARTMENT

www.milwaukee.gov/health



Over the course of eighteen months, the City of Milwaukee Health Department (MHD) initiated a comprehensive community assessment of the health and wellbeing of Milwaukee's residents. Driven by a Steering Committee made up of MHD representatives and key community leaders, this assessment plays an integral part in supporting future community improvement projects.

As a supporter of MHD and its community partners, I commend the Steering Committee for their thoughtful and meaningful work on this assessment. As they go forth in planning next steps, I encourage them to not lose sight of the important contribution they've made. The next few months will be critical as the Steering Committee focuses on future steps for action. I look forward to the next phase of this assessment, as we continue to work together to create a healthy and vital Milwaukee.

A handwritten signature in black ink that reads "Tom Barrett". The signature is fluid and cursive, with a long horizontal line extending from the start of the name.

Tom Barrett
Mayor
City of Milwaukee



Dear Common Council Members,

The City of Milwaukee Health Department (MHD) consists of nearly 300 dedicated individuals with varied public health backgrounds who work diligently to improve the health of Milwaukee residents, particularly our most vulnerable citizens. Through their work, the city has experienced significant improvements in many key indicators of well-being, including childhood immunization rates, birth outcomes among high risk pregnant women, and the number of children with high blood lead level readings.

But our work does not end here. The Health Department provides a multitude of additional services throughout the year that protect consumer health and promote healthy behavior in our community.

The data contained within this report offers a snapshot on the state of health within Milwaukee. Through quarterly updates, we hope to provide ongoing information that can be used to determine trends and assess progress over time.

Please feel free to contact me or Raquel Filmanowicz at 414-397-1614 should you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bevan K. Baker'.

Bevan K. Baker, FACHE
Commissioner of Health
City of Milwaukee Health Department

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This report as well as the supporting documents are available on the City of Milwaukee Health Department's website at: <http://www.milwaukee.gov/health>. You may also contact us by phone at 414-286-3521.

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The City of Milwaukee Health Department (MHD), in conjunction with a dedicated Steering Committee, was the convening body for this project. Many other individuals including community residents, focus group participants and community-based organizations, also contributed to the formation of the City of Milwaukee Community Assessment.

Project Steering Committee

Special thanks to all of the following committee members for their time and commitment to this project:

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Dr. David Kindig, Healthiest State Project

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Heidi Deutsch, Program Manager

Key Informants

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Bevan Baker, FACHE Commissioner of Health, City of Milwaukee Health Department
John Bartkowski, President and CEO, Sixteenth Street Community Health Center
Debra Blanks, Executive Director, Social Development Commission
Corey Hoze, Director, Milwaukee County Department of Health and Human Services
Vanessa Key, CEO and President, New Concepts Self Development Center
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Patricia McManus, Executive Director, Black Health Coalition
Stormy Mercadel-Walker, Former Vice President, Milwaukee Women's Center
Doug Nelson, Executive Director, ARCW Aids Resource Center

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Thomas P. Schneider, Executive Director, COA Youth and Family Centers
Don Shane, Interim Executive Director, Neighborhood House
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Key Informants (Student Interviews)

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Michael Lisowski, Gay Youth of Milwaukee
Jeannie Mayer, School Nurse, Milwaukee Public Schools
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Amy Beals, Public Health Nurse, City of Wauwatosa
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Focus Groups

Thank you to the many community citizens who participated in our focus group series and to the facilities that hosted those sessions:

Arlington Court - City of Milwaukee Housing Authority
Becher Court - City of Milwaukee Housing Authority
Core El Centro/Proyecto Salud
Hmong American Women's Association
House of Peace
Neighborhood House
Northcott Neighborhood House
Riverwest Neighborhood Association

EXECUTIVE SUMMARY

Introduction and Background

The City of Milwaukee Health Department (MHD), which is the state's largest local public health agency, engaged in an 18-month process to assess the health of its community.

The MHD is required by Wisconsin State Statute to conduct a community health assessment every 3-5 years to ensure the public health goals and priorities are an accurate reflection of the community's greatest needs.

In 2007, the MHD selected an assessment model that had yielded successful results in other cities and states. The MAPP (Mobilizing for Action through Planning and Partnerships) model was chosen as the best process in which to engage and is explained in more detail later in this report.

Improving the health is a shared responsibility, not only of health care providers and public health officials, but also of a variety of others who contribute to the well-being of residents and visitors in a community. It was important to us that this health assessment be a community-driven process. We desired to mobilize and engage the community, develop action with and by the community, conduct planning driven by the community, and develop partnerships to strengthen the community.

Overall, the main objectives of the project were as follows:

- ✓ Define a vision for the health and well-being of Milwaukee
- ✓ Complete comprehensive assessments to accurately depict the community's health status
- ✓ Define key strategic issues, goals and strategies around those issues
- ✓ Take action to create positive health outcomes

The process involved the use of four assessments, each of which included several components, to create a well-rounded base of information, including:

1. Community Strengths and Themes Assessment
2. Forces of Change Assessment
3. Local Public Health Systems Assessment
4. Community Health Status Assessment

City of Milwaukee Description

Milwaukee is Wisconsin's largest city and the 23rd largest city in the United States. With a population of 602,191, it is the business, transportation and cultural hub of our state. It is a city rich in resources and cultural diversity. More than 6,000,000 people visit Milwaukee each year, infusing more than 4 billion dollars into the economy and supporting more than 61,000 local jobs. Milwaukee is also a city of contrasts. It houses many of Wisconsin's wealthiest as well as the majority of our state's poorest residents. Although Milwaukee has our state's most concentrated health resources, health disparities are the most pronounced.

The health of a community is not an isolated phenomenon. It is interwoven with the very social, economic and environmental factors that make our city great and also pose the most significant challenges. If we are to achieve our vision of Milwaukee as a model community with healthy, safe, hopeful, and empowered residents, we must broaden our scope and set our horizon years into the future. That is what we set forth to do with this report.

MAPP OVERVIEW

Mobilizing for Action through Planning and Partnerships, or MAPP, is a community-wide strategic planning tool for improving community health. It has been implemented nationally by many public health departments to help communities prioritize public health issues and identify resources to address them. Facilitated by public health leaders, this tool assists communities by applying strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment tool; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The process was developed through collaboration between NACCHO (National Association of County and City Health Officials) and CDC (Center for Disease Control and Prevention).

(<http://www.naccho.org/topics/infrastructure/mapp/index.cfm>)

MAPP is: a community-wide strategic planning tool for improving public health, a method to help communities prioritize public health issues, identify resources for addressing them, and take action.

The key phases of the MAPP process include:

- Organizing for success and developing partnerships
- Visioning
- Conducting the four MAPP assessments
- Identifying strategic issues
- Formulating goals and strategies
- Taking action (planning, implementation, evaluation)

The four assessments conducted as part of the process include:

1. Community Strengths and Themes Assessment
2. Forces of Change Assessment
3. Local Public Health Systems Assessment
4. Community Health Status Assessment

MAPP is a paradigm shift in how we think about public health planning. It is a shift from operational to strategic planning; from a focus on the agency to a focus on the community and the entire public health system; from needs assessment to an emphasis on assets and resources; from a medically or service-oriented model to a model that encompasses a broad definition of health; and from an “agency knows all” perspective to the belief that “everyone knows something.”

Simply put, MAPP is a way of bringing everyone’s collective wisdom together. By gathering all of the assets and resources within the community, the community is able to determine how best to use all of the wisdom to create a healthier community. Such a paradigm shift means that MAPP is a ‘new way of doing business.’

“The Community Drives the Process”



RESEARCH PROCESSES

Organizing for Success and Developing Partnerships

To organize for this project, the City of Milwaukee Health Department brought together a committee of community, health, business, educational and governmental leaders together to form the Steering Committee that would oversee the project.

The group developed a shared vision.

The **Essential Values** that governed the process and will guide our future implementation plans included:

- **Communication** – We value open and meaningful dialogue with the community, the media, and other resources.
- **Accountability** – We value clear responsibility and action.
- **Evidence** – We value the adoption of best practices and proven innovations.
- **Partnerships** – We value collaboration with businesses, health services, and the community in maintaining Milwaukee's health.

Our Goals

- Affordable and accessible quality healthcare for all
- Elimination of disparities
- Educated and empowered families and youth
- Safe and welcoming neighborhoods
- Community awareness of the link between economic well-being and health
- Continual improvement and measurement of needs of all individuals in Milwaukee

Shared Vision of Milwaukee's Public Health Partners:

Milwaukee is a model community
with healthy, safe, hopeful, and
empowered residents.

Research Process

The research process for this project consisted of implementing the four key assessments, as described earlier.

1. Community Strengths and Themes Assessment
2. Forces of Change Assessment
3. Local Public Health Systems Assessment
4. Community Health Status Assessment

KEY RESEARCH FINDINGS

Each component of the research process the Committee engaged in is listed below along with key findings based on the research results.

1

COMMUNITY STRENGTHS AND THEMES ASSESSMENT

What It Is

The purpose of the Community Strengths and Themes Assessment is to gather community thoughts, opinions and concerns that provide insight into the issues of greatest importance to the community and how the community perceives the quality of life in Milwaukee.

This assessment answers the questions:

- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?

Method

Seventeen in-depth key informant interviews were conducted with representatives of government, health, community and other various organizations to ascertain their beliefs, perceptions and ideas around Milwaukee's top health issues and concerns. In addition, eight community focus groups were conducted, and an additional 24 community interviews through partnership with the University of Wisconsin – Milwaukee, College of Nursing students. All responses were compiled and analyzed for common themes.

Overall Findings

Although the interviews and focus groups were conducted across diverse communities, responses to the process were often very similar and yielded many common themes.

Participants in the Community Strengths and Themes research process identified the following health issues to be of top concern:

- Access to healthcare /under/uninsured /healthcare-related issues
- Violence /crime /public safety
- Unemployment /job availability
- Poverty /financial stress
- Poor quality education
- Race relations /segregation
- Nutrition /obesity
- Teen pregnancy
- Equal opportunity for different races /immigration status
- Drugs and drug abuse
- STIs

Other Findings:

Community Focus Groups

Top Issues:

- Access to health insurance /uninsured people
- Other healthcare-related issues
- Violence, crime and public safety
- Unemployment and job availability
- Poverty, money management and financial stress
- Equal opportunity for different races /immigration status
- Environmental health issues /pollution
- Access to transportation
- Depression and stress
- Winter road conditions
- Accessibility of quality food
- Mental health
- Drugs
- Education
- High energy costs
- Abuse
- Gangs
- STIs (sexually transmitted infections)
- Teen pregnancy
- Segregation /race relations

Key Informant Interviews

Top Issues:

- Access to healthcare /uninsured
- Other healthcare-related issues
- Quality of education
- Poverty /poor children
- Unemployment /lack of jobs
- Race relations /segregation
- Need for economic development
- Teen pregnancy
- Lack of resources and infrastructure to tackle issues
- Nutrition and obesity

(Student) Key Informant Interviews

Top Issues:

- Violence, crime and personal safety
- Access to healthcare /under/uninsured / healthcare-related issues
- Unemployment and job availability
- Nutrition and obesity
- Taxes
- Fear
- Poor education
- Poverty
- Transportation
- STIs (sexually transmitted infections)
- Segregation
- Alcohol and substance abuse
- Teen pregnancy

Community Focus Groups

As part of the MAPP project (Mobilizing for Action through Planning and Partnerships) and the Community Themes and Strengths Assessment, a series of eight community focus groups was developed to hear Milwaukee residents' perceptions of the city's top health issues and concerns. Focus groups were held at a variety of locations throughout the city. Following a compilation of community focus group findings, MAPP team members returned to focus group sites to present and validate findings. Participants were then asked to identify the priority issues that they would like to see pursued in the next five years.

Focus Groups included:

- Becher Court, City of Milwaukee Housing Authority – Mature adult community (30 participants)
- Arlington Court, City of Milwaukee Housing Authority – Mature adult community (43 participants)
- Riverwest Neighborhood Association – Riverwest community (6 participants)
- House of Peace – African American community (27 participants)
- Northcott Neighborhood House – African American community (17 participants)
- Neighborhood House – Inner-city youth (15 participants)
- Core/El Centro - Latino Community (20 participants)
- Hmong American Women's Association - Hmong Community (10 participants)

Focus Group questions included:

- What do you feel are the top concerns or issues for Milwaukee residents as a whole?
- What do you feel are the top issues and concerns for your family and your community?
- How do these issues affect your community?
- Over the past three to five years, how have your community's health needs and concerns changed?
- How would you describe the quality of life in your community?
- What do you think are our community's greatest strengths and/or assets?
- How would you define a healthy person?
- Do you feel that you have a role or the ability to become involved in some of the solutions to these problems? How?
- What else do you think would be important for us to know related to the health of our community that we haven't talked about?

"I hope this is such a bad experience, that you never come back here again."

– Riverwest adult experience at Milwaukee County applying for Badger Care health insurance

"Unemployment is high, poverty is rampant. There are so many vices in the city—the only solution you have is temporary, so you turn to drugs and alcohol to relieve the pain."

– Head Start parent focus group participant

In total, 168 people participated in the process, and many common themes emerged from the focus groups.

Top Issues for Milwaukee as a whole:

- Access to health insurance
- Under/uninsured people
- Unemployment
- Violence
- Access to transportation
- Environmental health issues (pollution, garbage, clean water, rodents, etc.)
- Mental Health
- Drugs
- Crime
- Abuse
- Quality of education
- Gangs
- High energy costs
- Dental Care
- Accessible quality food /being able to afford to eat healthy
- Public Safety

Milwaukee **Strengths** /**Assets**:

- Residents of the community care and want to help make Milwaukee a better place to live /people coming together
- Milwaukee's diversity
- Park system /Lake Michigan
- Social service agencies and programs
- It's positive you're engaging in this process and asking real residents what they feel; we see things differently than you do

Health Trends seen or experienced in the last 3-5 years:

- People who once had health insurance have lost coverage due to several reasons – changes in employment, increases in expense, weakening health conditions, etc.
- There are negative changes in health trends

Quality of Life in the community:

- Quality of life depends on the community in which one lives
- Quality of life has deteriorated over last several years
- Poor

Definition of a **Healthy Person**:

- Have to have mental, physical and emotional wellness
- Need to exercise
- Eating right
- It's not just one thing that makes us healthy; it's a combination of things
- Being healthy is being able to enjoy life; not being stressed out from life's worries

“ I say the health of our city is very bad because it is poorly funded. If we can get more funding and information for healthcare, we could improve our city's healthcare.”

– Youth focus group participant

“ You can't anonymously call the police anymore—they come right to your door. It's not about being a snitch; it's about saving your life.”

– Adult focus group participant

Key Informant Interviews

As part of the MAPP project (Mobilizing for Action through Planning and Partnerships) and the Community Themes and Strengths Assessment, a series of key informant phone interviews were conducted throughout November and December, 2007. 17 interviews were conducted in total with key informants and community leaders from the Milwaukee area representing a variety of fields.

Top Issues:

- Access to healthcare/uninsured
- Other healthcare-related issues
- Quality of education
- Poverty/poor children
- Unemployment/lack of jobs
- Race relations/segregation
- Need for economic development
- Teen pregnancy
- Lack of resources and infrastructure to tackle issues
- Nutrition and obesity

“Milwaukee is in a renaissance in terms of economic development. People hope to see more. It’s hard for the community at large to see that those foundations for economic development have been laid, but they’re in progress.”

“My family and I are concerned about the community. We want an environment where citizens have the opportunity to live, work and play and where everyone has an equitable opportunity to be safe, raise their family, and take care of their loved ones. I want the glory days back...”

Change in Health Needs

When asked about the change in health needs over the past 3-5 years, a majority of respondents discussed primarily negative changes and talked about the community’s worsening health status, citing themes such as:

- Lack of health care resources/health care is too expensive
- Mental health issues have become much more prevalent
- Prevention should be stressed more
- STI/STD rates increased
- Teen pregnancy rates

The Quality of Life

Participants were asked to share their opinions on the quality of life in their community. Answers included both positive and negative perceptions of the quality of life.

Positive perceptions of the quality of life included:

- Cleanliness
- A well maintained infrastructure
- Nice parks
- Friendly families and neighbors
- Variety of restaurants
- Low crime
- The lakefront / Lake Shore Drive
- Safety
- Festivals / entertainment

Negative perceptions of the quality of life included:

- Race relations
- Unemployment
- Poverty
- A need for better public transportation
- Broken education system
- Crime / violence
- Hunger
- School dropout rates
- Highly dense population
- Poor quality of health insurance

Prioritizing the Issues

Participants were given a list of issues (identified in earlier research processes) and were asked to prioritize them on scale from 1-5, with 1 being of low importance and 5 being extremely important. All of these issues averaged a score of 4 or higher. Participants found it difficult to rate the issues because they felt a majority were important.

The highest ranking issues included:

- Substance abuse
- Mental health
- Injury and violence
- Access to healthcare

The lowest ranking issues included:

- Exercise
- Environmental quality
- Cardiovascular disease
- Immunization

Role in Finding Solutions to These Problems

When participants were asked if they thought they have a role or the ability to become involved in some of the solutions to the problems that affect Milwaukee, everyone responded yes. Most answered yes because of their occupational involvement in health oriented agencies and services, and others answered that they had both a personal and a professional commitment to finding solutions to Milwaukee's health problems.

“ Yes. I have a role as a parent, an employee, and a neighbor. You just have to take the opportunity to share and care.”

“ Yes, it's my responsibility; it's something I work on every single day. It's through collaboration. It'd be nice to see a community health agenda emerge from this process with some real key priorities for this community. Because then, people like myself who run organizations can help contribute by prioritizing and center around those themes.”

As part of the MAPP project and the Community Themes and Strengths Assessment, nursing students from the University of Wisconsin–Milwaukee, under the supervision and guidance of Associate Professor Mary Jo Baisch, conducted key informant interviews throughout October and November, 2007. Key informants were chosen based on zip code areas to help ensure a representative respondent sample and a variety of fields.

Twenty-four student-conducted surveys were completed. Results were then compiled and analyzed for common themes, trends and concerns. Highlights of those results are below, along with a selection of relevant quotes from survey participants.

Change in Health Needs

When asked about the change in health needs over the past 5 years, informants noted both positive and negative changes.

Negative Changes

“There is a significant increase in the number of people who are now without health insurance. They had it 5 years ago, but do not anymore. This has created more chronic health problems like untreated or inadequately treated high blood pressure and diabetes in particular. This is more likely due to limited options to obtain the medicines they need to control these two diseases in particular.”

“The increase in low income families has resulted in poor overall health of the individuals due to access to healthcare. Many parents do not know what options they have in regards to obtaining healthcare. This includes people with insurance benefits, but don’t know where they can be utilized and how to use them.”

“Illnesses that we once thought had been eradicated have made a comeback. Immunizations have been neglected. People are waiting until they are gravely ill before they obtain health care due to lack of primary care clinics and providers that serve low income families.”

Positive Changes

“Two huge accomplishments include: smoke-free restaurants ordinance which is the only one implemented in Milwaukee county; lead poisoning from lead paint. This was an issue because 96% of the houses were built before 1978. In 1978 lead was outlawed. Lead poisoning dropped due to education from multiple directions and screening.”

“The Badger Care Prenatal Program was started in 2006. This is a very positive and needed program in the community.”

“The problem of infant mortality is being better addressed. There is more education about what individual families can do to prevent it.”

Community's Greatest Strengths and/or Assets:

- Supportive and caring neighbors / friendly people
- Diversity
- Close families
- Various foundations / social programs
- Culture
- Active community / sense of community
- Strong parks system
- Residents have a good work ethic

"In speaking of Milwaukee in general, the greatest strength is the diversity! It just hasn't been realized yet."

"I think we have a lot of great institutions of higher learning, a great corporate community, and generous communities in terms of charitable organizations. We have a lot of individuals that are willing to dedicate their lives to helping others and helping those less fortunate."

"In many areas the neighborhoods are safe and residents are friendly."

"There are many community advocates working to make positive change in the community."

Definition of a Healthy Person

When participants were asked to define what makes a healthy person healthy, almost all responses included the importance of both physical and mental aspects contributing to health.

Other factors contributing to health mentioned were:

- Exercise and diet
- Balance between work and life
- Education
- Happiness
- Access to information
- Personal responsibility / healthy choices
- Stress / anxiety-free lifestyle
- Fulfilling life goals
- Sustaining a lifestyle
- Earning a livable wage
- Self control
- Does not abuse substances
- Feels safe
- Contributes to the community
- Decent health care coverage
- Holistic well-being
- Does not require a lot of medical attention

"To be mentally, physically, emotionally, and spiritually balanced. Behaving and performing to your maximum potential. Eating healthy, exercising, and getting enough sleep. Simply put: avoiding lifestyle activities that jeopardize your health."

"A person's attitude and spirituality are foundational factors in a healthy person. A healthy person not only receives, but is also a contributing member of the community."

"A healthy person is well rounded, has the means to balance work and home activities, has access to adequate health care, utilizes area services and resources appropriately, values and protects the community in which they live, and actively participates in upholding community values and norms."

Prioritizing the Issues

Participants were given a list of the issues below and asked to prioritize them on a scale from 1-5, 1 being not important and 5 being extremely important.

The highest averaging issues included:

- Exercise
- Overweight and obesity
- Injury and violence

The lowest averaging issues included:

- Infant mortality
- Cancer screening/management
- HIV Infection/AIDS

2

FORCES OF CHANGE ASSESSMENT

What It Is

The purpose of this assessment is to identify forces – such as trends, factors or events – that are or will be influencing the health or quality of life of the community and local public health system.

This assessment answers the questions:

1. What is occurring or might occur that affects the health of our community or the local public health system?
2. What specific threats or opportunities are generated by these occurrences?

Method

To provide input to this assessment, MAPP Steering Committee members were asked to contribute their ideas to a Forces of Change document which listed trends, factors, and events under different categories as well as threats and opportunities.

- Trends are patterns over time, such as population changes, increasing health care costs and poverty.
- Factors are discrete elements, such as a community's urban setting or proximity to a major waterway.
- Events are one-time occurrences, such as state budgets, the passing of new legislation, a hospital closure or a natural disaster.

Overall Findings

The committee organized their findings into 13 categories that are summarized in tables throughout the report. The tables focus on the following categories:

- | | | |
|----------------|------------------|------------------------|
| • Demographics | • Health Status | • Public Health System |
| • Economics | • Housing | • Social Issues |
| • Education | • Infrastructure | • Technology |
| • Environment | • Politics | • Violence |
| • Health Care | | |

Demographics

Trends, Factors, Events	Threats	Opportunities
<p>Declining city population</p> <ul style="list-style-type: none"> • Migrating populations from city to suburbs 	<p>Declining tax base</p> <ul style="list-style-type: none"> • Segregated communities • Lack of awareness of migration effect on community • Brain drain from minority communities • Resources diverted out of inner city 	<p>Create a community that people feel connected to and want to remain in</p> <ul style="list-style-type: none"> • Create economic opportunities in the inner-city for residents • Focus on the needs and interests of current city residents to help them stay, while creating a healthier community with which to attract potential residents
<p>Longer Lifespan</p>	<p>Facing aging population</p> <ul style="list-style-type: none"> • Increasing generational gap • Caregiver stress 	<ul style="list-style-type: none"> • Knowledge and experience of older adult population • Opportunity for intergenerational programming and collaboration
<p>Racial Segregation in Milwaukee</p>	<ul style="list-style-type: none"> • Lack of communication between communities • Continued isolation of lower-income African American communities • Missed opportunities for cross-cultural learning and collaboration • Cycle of violence and distrust caused by oppression 	<ul style="list-style-type: none"> • Learn how to more effectively engage isolated communities • Capitalize on diversity to develop creative, effective solutions to complicated issues
<p>State's Largest City</p>	<ul style="list-style-type: none"> • Issues of crime, violence, segregation, and poverty associated with large cities 	<ul style="list-style-type: none"> • Can take the lead on creating programs/partnerships which may serve as a model for other parts of the state • Wealth of resources and opportunities for partnership and collaboration already exists

Economics

Trends, Factors, Events	Threats	Opportunities
<p>Poverty in Milwaukee</p> <ul style="list-style-type: none"> • Unemployment and loss of population in the city • Lack of ability of city to bring in new industry and new jobs 	<ul style="list-style-type: none"> • Resentment and lack of hope for future • Lowered tax base • Fear from taxpayers that they are subsidizing the community • Milwaukee is not retaining young professionals • School system threatened by fewer tax dollars • Public safety and crime influenced by poverty and hopelessness • Increase in closed businesses, lowered tax revenue 	<ul style="list-style-type: none"> • Expose economic injustices to motivate political action • Work with residents to understand their needs and priorities • City is eligible for funding that focuses on poverty and employment
<p>Increased cost of living not keeping up with salaries</p> <ul style="list-style-type: none"> • Cost of gas and home heating rising • Increase cost of food and other goods 	<ul style="list-style-type: none"> • Minimum wage not keeping up with cost of living • Middle class shrinking • Property tax increases in targeted areas making home ownership more difficult for low-income population 	<ul style="list-style-type: none"> • Increased investment in public transportation • Investment in cleaner sources of energy • Education opportunities for increased investment in locally-grown foods • Build partnerships between issue areas (sustainable energy, transportation, food, etc.) to strengthen each locally

Education

Trends, Factors, Events	Threats	Opportunities
<p>No Child Left Behind and chaos in funding for public schools has created climate where health is considered a frill</p>	<ul style="list-style-type: none"> • Low public school graduation rates • Low literacy levels • Lack of health, physical fitness and nutrition education in schools • Stress and anxiety caused by testing (in both teachers and students) • Less focus on “extracurricular” activities that may help to spark an interest in learning 	<ul style="list-style-type: none"> • Increased recruitment and retention opportunities for MPS teachers • Changing structure and resources available for education • Advocacy for healthier, more holistic policies than NCLB • Loan repayment opportunities to attract quality teachers • Build partnerships between schools and locally grown, fresh food providers • Link health with academic achievement • Work with teachers to develop ways to incorporate physical activity and health education into other classes
<p>Need for parenting education and early childhood education programs</p>	<ul style="list-style-type: none"> • Increase in grandparents as primary parent – need for distinct/updated education needs • Lack of funding and resources for childcare • Stress caused by raising children and trying to sustain an income while living in poverty • Already overextended parents - difficult to get them to attend a parenting education class 	<ul style="list-style-type: none"> • Multiple Head Start locations • Intergenerational learning and programming opportunities
<p>Establishment of school of public health</p>	<ul style="list-style-type: none"> • Research in communities without providing solutions for change • May not sustain a public health workforce if jobs are not available in the area upon graduation • Disconnect between academic community and residents who are not meaningfully involved 	<ul style="list-style-type: none"> • New opportunities for research • Will draw faculty from the outside who will look at issues in a new light • Build public health workforce • Attract students from outside areas to city • Greater attention paid to public health in Milwaukee, along with resources to address issues • Economic growth prompted by new school
<p>Access to academic institutions and research centers</p> <ul style="list-style-type: none"> • Multiple schools providing medical training 	<ul style="list-style-type: none"> • Too many specialists and not enough primary care physicians graduating • Training is expensive and less accessible to lower-income populations 	<ul style="list-style-type: none"> • Build healthcare sector and workforce

Environmental

Trends, Factors, Events	Threats	Opportunities
Global warming and encroachment of natural habitat	<ul style="list-style-type: none"> • Increase in communicable disease • Threat to safe, clean outdoor spaces for physical activity, recreation, and education • Threat to biodiversity 	<ul style="list-style-type: none"> • Mobilize people from all sectors of society to address an urgent issue
Battle over water rights-diverting water to other regions <ul style="list-style-type: none"> • Proximity to Lake Michigan 	<ul style="list-style-type: none"> • Threat to clean, safe, ample water supply • Negative environmental effects 	<ul style="list-style-type: none"> • Increase access to and hours of lakefront

Health Care

Trends, Factors, Events	Threats	Opportunities
Escalating health care costs	<ul style="list-style-type: none"> • Quality care becoming less accessible • Fewer people receiving preventative healthcare • "For-profit" medicine may have bottom line, not public health, as its main interest 	
W2 reforms do not assure health care coverage	<ul style="list-style-type: none"> • Uninsured W2 families • Disparities in coverage for men vs. women 	
Lack of awareness about accessing healthcare services and resources	<ul style="list-style-type: none"> • Underuse of preventative services leading to greater rates of emergency room visits 	<ul style="list-style-type: none"> • Build on provider networks to educate people about existing resources
Lack of providers in heavily populated areas – i.e. Midtown	<ul style="list-style-type: none"> • Difficulty accessing care, frustration 	<ul style="list-style-type: none"> • Draw on heavy population
High concentration of quality health care systems	<ul style="list-style-type: none"> • Difficult for alternative systems or independent providers to get their "foot in the door" • What threats came out of this? 	<ul style="list-style-type: none"> • Health care systems and medical / nursing schools have shown a commitment to conducting research and funding public health initiatives • One designated Baby Friendly in the area
Need for diverse and culturally competent health care workforce	<ul style="list-style-type: none"> • Patients may have difficulty relating to their provider, and visa versa 	<ul style="list-style-type: none"> • Address issues in medical school admissions
Increasing number of uninsured	<ul style="list-style-type: none"> • Community health clinics are overwhelmed • Health issues not addressed until they become emergencies 	<ul style="list-style-type: none"> • Milwaukee Cares program in place • Work with Badger Care expansion

Health Status

Trends, Factors, Events	Threats	Opportunities
<p>High rates of substance abuse</p> <ul style="list-style-type: none"> #4 in the nation for under-age drinking, must change norm 	<ul style="list-style-type: none"> Lack of treatment services Stigma associated with getting AODA treatment Social norms of drinking in certain populations (college, youth, etc.) 	<ul style="list-style-type: none"> Use high rates to advocate for political action and greater access to services
<p>High rates of obesity</p> <ul style="list-style-type: none"> Issue of food insecurity Lack of access to healthy food 	<ul style="list-style-type: none"> Many programs in exercise, nutrition, and obesity are not evidence-based Link between obesity and chronic diseases Difficulty affording healthy food on food stamp allotment 	<ul style="list-style-type: none"> Work with local food providers (ex: El Rey, Michael Fields, etc.) to address healthy food shortages
<p>Prevalence of outdoor recreation areas (lake, parks, etc.)</p>	<ul style="list-style-type: none"> Threats to them caused by pollution and misuse 	<ul style="list-style-type: none"> Opportunities for outdoor exercise, recreation, and environmental education Increase access to these resources for youth, especially the lakefront, which closes early; youth are discouraged from congregating Natural community gathering places
<p>Disparities in key health indicators (Infant mortality, teen pregnancy, homicide, insurance coverage, immunization rates)</p> <ul style="list-style-type: none"> Health disparities disproportionately impact Black men and boys 	<ul style="list-style-type: none"> Disparities impact health status 	<ul style="list-style-type: none"> Health Department's new Center for Health Equity Extensive body of research on impact of disparities can lead to informed action
<p>High sexual risk-taking among high risk populations</p>	<ul style="list-style-type: none"> Not enough funding for sexual health education in schools High rates of STDs and teen pregnancies Intergenerational cycles of teen pregnancies 	

Housing

Trends, Factors, Events	Threats	Opportunities
<p>Housing infrastructure that few residents can afford – developers not thinking of themselves as part of the health of the community</p> <ul style="list-style-type: none"> Predatory lending High foreclosure rates 	<ul style="list-style-type: none"> Increase in residents from outside of Milwaukee displacing current residents Puts pressure on aging and fragile infrastructure Greater threat of isolation of current residents who have been pushed out Limited parking created for disabled people Limited accessible housing resources for seniors and people with disabilities High property tax rates in some communities forcing residents out 	<ul style="list-style-type: none"> Increase in tax base Opportunities for affordable and mixed housing developments High media profile provides opportunities to work w/lenders about responsible lending practices Opportunity for educating community about finances and home buying

Infrastructure

Trends, Factors, Events	Threats	Opportunities
<p>Lack of coordination and collaboration between services and agencies and lack of knowledge within agencies regarding services provided by other agencies</p>	<ul style="list-style-type: none"> Duplication of resources and services Can't provide services effectively because can't provide appropriate referrals 211 losing funding Information about available resources is not reaching the public Competition between agencies and community-based organizations 	<ul style="list-style-type: none"> Collaboration between non-profit, faith-based and government services to streamline services, communication, funding, and decrease duplication of services Increased use of 211 could result in better funding Could leverage 211 to increase access to services and use as assessment in the community Create better coordination between 211 and other information lines (i.e. the Aging and Disability Resource Center Information and Assistance Line)
<p>Continuing tax cuts in Milwaukee County</p>	<ul style="list-style-type: none"> Tax cuts affect health care coverage, parks and recreation, transportation 	<ul style="list-style-type: none"> Collaboration between agencies and organizations towards common goals could leverage diminished funds Educate politicians and voters about the effects of tax cuts
<p>Abundance and awareness of importance of parks and green spaces</p>		<ul style="list-style-type: none"> Potential for central park for Milwaukee

Infrastructure, cont.

Trends, Factors, Events	Threats	Opportunities
Health alert messaging systems in place	<ul style="list-style-type: none"> Does not reach socio-economically challenged communities 	<ul style="list-style-type: none"> Community leaders and CBOs can be rather easily added to these messaging systems
Aging infrastructure, lack of funding for infrastructure		
Existence of interstate/freeway	<ul style="list-style-type: none"> Possible to completely bypass Milwaukee when travelling through region Segregation of neighborhoods along Interstate lines 	
On the whole, city kept clean (from litter, graffiti)		<ul style="list-style-type: none"> Capitalize on sense of pride and responsibility
Easy access to multiple forms of transportation	<ul style="list-style-type: none"> High cost of paratransit services 	<ul style="list-style-type: none"> If used, could have positive environmental effects
Essential city services not evenly distributed between different parts of the city	<ul style="list-style-type: none"> Leading to health disparities 	
Urban development resulting in shifting population distribution causing socio-economic segregation	<ul style="list-style-type: none"> Disconnect between service provision locations and location of individuals utilizing those services 	<ul style="list-style-type: none"> Concentrations of socio-economically disadvantaged populations provides opportunities for empowerment and organizing together
Proximity to Chicago metropolitan area	<ul style="list-style-type: none"> Major migration due to disaster could overburden healthcare and other services 	<ul style="list-style-type: none"> Leverage funding for disaster relief Opportunities for collaboration

Political

Trends, Factors, Events	Threats	Opportunities
Disconnect between Milwaukee and Madison – as well as rest of state	<ul style="list-style-type: none"> Lack of awareness that a healthy Milwaukee leads to a healthy Wisconsin Missed opportunities for collaboration 	
Controversy in issues related to sexuality and sexual health	<ul style="list-style-type: none"> Support for abstinence only education Lack of education and resources leads to higher rates of STIs and unwanted pregnancies Surrounded by air of shame and secrecy, leading to more dangerous situations 	
Continuing reliance on geography as the basis for assessment	<ul style="list-style-type: none"> Missed opportunities to see similarities between geographically diverse populations Assumptions based on location, not other important factors 	
Policy makers isolated from the community	<ul style="list-style-type: none"> Inability of our leaders to make good decisions for our communities Lack of engagement among residents in political and civic activity Public is tired of continually identifying issues for researchers and policy makers, without seeing action taken as a result 	<ul style="list-style-type: none"> Empower residents through leadership development and investments in community-based organizations (CBOs)
Lack of national policy for everyone's right to health and health care <ul style="list-style-type: none"> Political debate about providing universal health care coverage Lack of adequate dialogue on the focus of healthcare and public health expenditures 	<ul style="list-style-type: none"> Public's frustration with this being talked about often, but nothing substantive done 	<ul style="list-style-type: none"> New administration in DC is pushing for better healthcare access for all – use this to energize local support
Corruption in government	<ul style="list-style-type: none"> Distrust of government by public 	
War in Iraq	<ul style="list-style-type: none"> Funding for other initiatives affected Less attention paid to other issues, including public health Community is losing young people to the war 	
Political debate over smoke-free venues and cigarette taxes	<ul style="list-style-type: none"> May cause the debate to be polarized 	<ul style="list-style-type: none"> Raises awareness about issue Use buzz surrounding newly-passed smoke-free legislation in Wisconsin to educate public about smoking and health
Political will to fund non-evidence based programs and interventions		

Public Health System

Trends, Factors, Events	Threats	Opportunities
Insufficient funds in state, county or municipal budgets for public health; we continue to fund public health largely through non tax dollars	<ul style="list-style-type: none"> Not as sustainable Organizations needing to spend time on grant proposals instead of other work 	<ul style="list-style-type: none"> Explore partnerships to use funds more effectively Need to formulate priorities for funding purposes Constraints on funding will require more accountability and efficiency in services / programs
Multiple WIC sites		<ul style="list-style-type: none"> WIC as way to reach families with targeted health messages Bundle other services at WIC sites
Under-participation in public health interventions and programs		<ul style="list-style-type: none"> Use more incentives to increase participation
Public health and healthcare are consistently confused <ul style="list-style-type: none"> Lack of understanding of public health and the non-governmental entities that compromise the bulk of the public health system 	<ul style="list-style-type: none"> Health care issues overshadow public health issues, which rarely get discussed 	<ul style="list-style-type: none"> Work with intersection of both fields to address this
More federal emphasis on terrorism /emergency preparedness than other aspects of public health	<ul style="list-style-type: none"> Lack of funding for other programs Diminishes emphasis on true community public health needs 	<ul style="list-style-type: none"> Resources can be diverted for other public health initiatives that wouldn't be funded otherwise
Media coverage for food borne illness outbreak	<ul style="list-style-type: none"> Scare tactics and alarmist reporting may make people take the issue less seriously 	<ul style="list-style-type: none"> More awareness of dangers in food supply More demand for local foods and produce
Multiple hospital and health care systems	<ul style="list-style-type: none"> Duplication of some services, gaps in others 	<ul style="list-style-type: none"> Shown commitment to conducting research and funding public health initiatives Opportunities for collaboration

Public Health System, cont.

Trends, Factors, Events	Threats	Opportunities
Upcoming school of public health	<ul style="list-style-type: none"> Wariness toward research by the community 	<ul style="list-style-type: none"> Will provide Milwaukee with an influx of new public health professionals New opportunities for research Will draw faculty from the outside who will look at issues in a new light Will build public health workforce
Aging public health workforce	<ul style="list-style-type: none"> Loss of knowledge when they retire 	<ul style="list-style-type: none"> Capitalize on current wealth of knowledge and experience to create a rich mentoring and training environment for new hires
Public health interventions not addressing poverty, even though poverty is root cause of problems	<ul style="list-style-type: none"> If not addressed, may make other interventions less effective 	
More public health work taking place at CBO level as result of health department shrinkage	<ul style="list-style-type: none"> Fewer systems-level approaches, more fragmented 	<ul style="list-style-type: none"> More in touch with communities' needs
Need to communicate health education messages effectively	<ul style="list-style-type: none"> Cultural incompetence in delivering health messages 	<ul style="list-style-type: none"> Arts/entertainment have been used successfully in the past to communicate health messages Use of online social networks, such as MySpace or Facebook

Social

Trends, Factors, Events	Threats	Opportunities
High incarceration rates	<ul style="list-style-type: none"> Re-entry from correctional facilities to the city—lack of job opportunities, risk of returning to crime Lack of positive male role models available in the community 	<ul style="list-style-type: none"> Ex-offenders as a potential to grow population and work force
High prevalence of people living in poverty	<ul style="list-style-type: none"> Lack of opportunities, leading to higher crime rates and frustration 	
Gap between younger and older generations	<ul style="list-style-type: none"> Misunderstandings between generations 	<ul style="list-style-type: none"> Create more intergenerational programs
Isolation of minority communities	<ul style="list-style-type: none"> Leads to feelings of distrust and isolation Missed opportunity to benefit from wealth of diversity 	<ul style="list-style-type: none"> Grassroots community leadership training
Lack of communication within families and between communities		
Difficulty of newcomers to Milwaukee to form networks and feel welcome		<ul style="list-style-type: none"> Use existing gathering places (parks, community centers, etc.) to create spaces for socialization
Perception of danger and crime	<ul style="list-style-type: none"> People less willing to be outside and active in community 	<ul style="list-style-type: none"> Apply public health model to violence prevention
General distrust of public systems such as healthcare, police, criminal justice		
Social acceptance of binge drinking and smoking, specific to Milwaukee		
High percentage of single parent families	<ul style="list-style-type: none"> More children unsupervised at home Lack of affordable childcare resources 	
Need for more minority community leaders		<ul style="list-style-type: none"> Educate about civic responsibility and political participation at a young age (in MPS?) to help generate a new generation of leaders from the community

Technology

Trends, Factors, Events	Threats	Opportunities
Prevalence of information	<ul style="list-style-type: none"> • Difficulty of determining credibility 	<ul style="list-style-type: none"> • Information readily available to those with resources
Disparities in access and knowledge of computers and other technologies	<ul style="list-style-type: none"> • Leading to distrust of technology 	
Lack of technological infrastructure to implement best practice programs		

Violence

Trends, Factors, Events	Threats	Opportunities
High rates of child abuse, domestic violence, youth violence, homicide	<ul style="list-style-type: none"> • Lack of mental health treatment for trauma and need for trauma response services 	<ul style="list-style-type: none"> • Expansion of security presence in MPS schools
Availability of guns		

3

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

What It Is

The Local Public Health Systems Assessment (LPHSA) focuses on the “local public health system” defined by NACCHO as “all entities in a community that contribute to the delivery of public health services.”

The local public health system is broadly defined and includes all public, private and voluntary entities, as well as individuals and informal associations. The LPHSA uses as a basis the 10 essential public health services that should be available in every community.

Method

The Steering Committee utilized a nationally recognized tool called the National Public Health Performance Standards Local Instrument, utilized by the National Public Health Performance Standards Program. Committee members responded to a series of health-related questions, and the answers were entered into an on-line instrument designed by the Centers for Disease Control and Prevention (CDC) to formulate results. This method provides a good idea of the strengths of the local public health system as well as gaps in quality care.

Overall Findings

This assessment yielded useful rankings in terms of the essential health services for Milwaukee.

The following essential health services were rated as strongest for Milwaukee:

1. Diagnose & Investigate
2. Enforce Laws
3. Educate and Empower
4. Develop Policies and Plans

The service that the health department excels in is addressing health problems and hazards. The health department has the highest optimal activity in the areas of laboratory support and designating a coordinator of emergency response.

On the other hand, the following services were scored as the weakest:

1. Evaluate Services
2. Mobilize Partnerships
3. Link to Health Services

The service that needs the most improvement is linking people with health services. According to the assessment, the health department has moderate activity in identifying the populations, identifying the health service needs, and assessing the services that are available.

Purpose

The purpose of this assessment is to identify strengths and weaknesses through an open dialogue with the Steering Committee. This assessment answers the questions:

- 1) What are the components, activities, competencies, and capacities of our local public health system?
- 2) How are the 10 essential public health services being provided to our community? In addition, there is a significant opportunity for Steering Committee members to identify their unique role within the public health system.

10 Essential Public Health Services

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

The full Local Public Health System Assessment Executive Summary can be found on the subsequent pages.

Local Public Health Systems Assessment Executive Summary

The Local Public Health Systems Assessment (LPHSA) aims to assess the components, activities, competencies, and capacities of all entities that contribute to the delivery of public health services within the community. Questions are framed around the provision of the 10 essential public health services.

Score Calculation:

Steering Committee members were asked to score system functions using a five point Likert scale.

No Activity	0% or absolutely no activity
Minimal Activity	Greater than 0%, but no more than 25% of the activity is met
Moderate Activity	Greater than 25%, but no more than 50% of the activity is met
Significant Activity	Greater than 50%, but no more than 75% of the activity is met
Optimal Activity	Greater than 75% of the activity is met

Rankings were compiled to create aggregate percentages of agreement. The Likert ranking with largest percentage of aggregated responses (mode) was utilized as a final answer for each question. In the case of a tie, rankings were weighted by the aggregated number of responses above and below the mode.

These scores were entered into a web-based application supported by NACCHO and CDC. A summary report was generated listing the strengths and weaknesses of Milwaukee's local public health system.

Results:

Milwaukee's public health system received an overall performance score of 57 out of 100, placing it in the bottom of the significant activity quartile.

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

Essential Public Health System		Score
1	Monitor Health Status to Identify Community Health Problems	56
2	Diagnose and Investigate Health Problems and Health Hazards	84
3	Inform, Educate, and Empower People about Health Issues	65
4	Mobilize Community Partnerships to Identify and Solve Health Problems	31
5	Develop Policies and Plans that Support Individual and Community Health Efforts	65
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	70
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	30
8	Assure a Competent Public and Personal Health Care Workforce	62
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	47
10	Research for New Insights and Innovative Solutions to Health Problems	60
Overall Performance Score		57

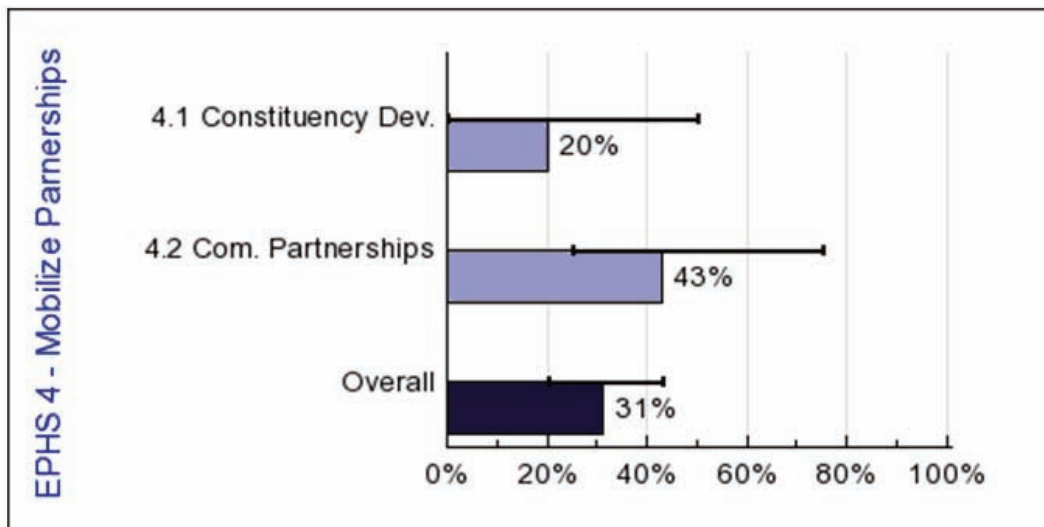
Those essential services which scored **strongest** are:

1. Diagnose & Investigate (84)
2. Enforce Laws (70)
3. Educate and Empower (65)
4. Develop Policies and Plans (65)

Those essential services which scored the **weakest** are:

8. Evaluate Services (47)
9. Mobilize Partnerships (31)
10. Link to Health Services (30)

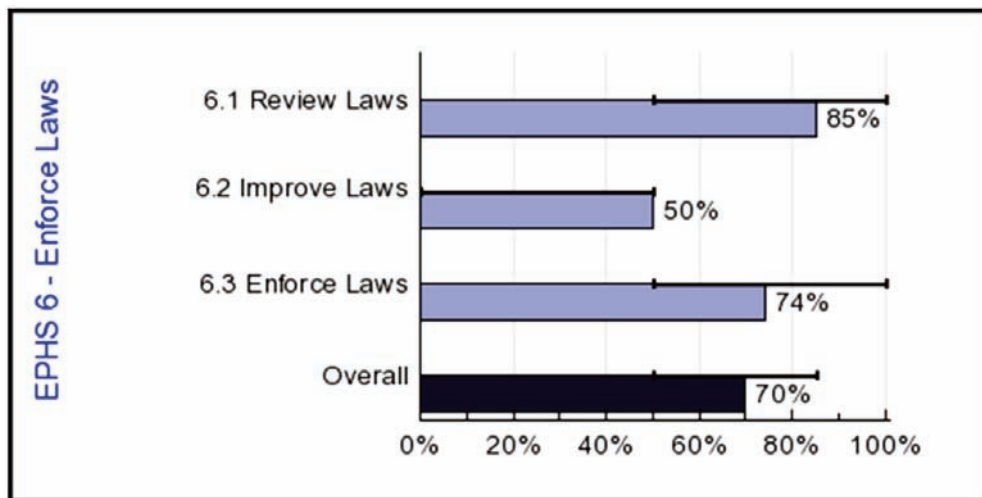
Throughout the evaluation, the system consistently ranked low on constituent engagement. The ability to directly engage with community members was found to be an area that requires greatest improvement. Steering Committee members agreed with this outcome, commenting that further emphasis needs to be placed on involving community members in a meaningful way in the creation, implementation, and evaluation of health interventions to ensure that constituent needs are being met.



Partnerships between organizations were also ranked as needing improvement. The system was ranked poor in regards to identifying potential partners, making it difficult to mobilize. Partnerships surrounding health communication plans and the dissemination of research were found to be specifically lacking. Inability to mobilize directly affects our system's ability to assure health services, especially to the city's most vulnerable populations.

The system ranked fairly high on community health assessment. Milwaukee's local public health system has strong resources to effectively monitor, diagnose, and inform the public on key health concerns; however, it needs to better leverage partnerships in order to effectively address the health issues identified. Steering Committee members commented that we need stronger evaluation methods to specifically identify those individuals who are not receiving services as well as a reliable system to link those individuals to existing services. Overall, there needs to be a greater awareness of both organizational resources available and eligible individuals currently lacking assistance.

The results of this assessment show that if appropriate regulations are created, the system has the capacity to implement and enforce those interventions.



Use of Results

There are numerous ways to utilize the results of this assessment, just as there are numerous challenges and opportunities facing the current local public health system. As this process moves into the action cycle, we can certainly build upon our areas of strength, and be sure to incorporate specific actions that increase community involvement, interagency communication and evaluation.

4

COMMUNITY HEALTH STATUS ASSESSMENT

What It Is

The Community Health Status Assessment is a compilation of state, national and peer community data that is collected and analyzed to identify health disparities concerning age, gender, racial and population subgroups.

It answers the questions:

1. How healthy are our residents?
2. What does the health status of our community look like? The findings are compiled into a community Health Profile which is used as part of the process to identify strategic issues.

Method

Analysis of five years' worth of trend data and existing data sources contributed to the compilation of the Community Health Profile.

Findings

The results of this process yielded an extensive report providing a wealth of information on different health and community factors. Areas researched included:

Who are we?	Strengths and Risks	What is our Health Status?
Demographics Socioeconomic Characteristics Health Resource Availability	Quality of Life Behavioral Risk Factors Environmental Health Indicators	Social and Mental Health Maternal and Child Health Death, Illness, Injury Sentinel Events

Specifically, the Community Health Status Assessment includes information and statistics on the following areas:

- Population demographics
- Child and youth empowerment
- Infant mortality
- Teen pregnancy
- Jobs/business
- Family
- Prevention and education
- Access to healthcare
- Local public health system
- Safety and environment
- Mental health
- Substance abuse / smoke-free Milwaukee
- Community involvement
- Obesity
- Informed community (disease)

Community Health Status Assessment Summary

The Community Health Status Assessment researched and summarized information regarding eleven essential indicators of community health. Key data is presented below for each of the eleven defined indicators.

Demographic Characteristics

Population Subgroup*	Milwaukee City		State
	Number	Percentage	Percentage
White	273,114	46.8%	88.7%
Black or African American	233,724	40.0%	6.4%
American Indian or Alaska Native	7,003	1.2%	1.3%
Asian	20,504	3.5%	2.2%
Hispanic or Latino (of any race)	87,905	15.1%	4.7%
Native Hawaiian or other Pacific Islander	535	0.1%	0.1%
Some other Race	61,737	10.6%	2.7%

Source: U.S. Census, American Community Survey. ACS Demographics and Housing Estimates: 2005-2007.
(Race alone or in combination)

* Residents who identify as more than one race are categorized in all race categories that they noted (e.g., someone who identified on the Census as being White and Asian would count in the percent White and percent Asian categories.) This results in percentage total adding up to over 100%.

Socioeconomic Characteristics

- According to the U.S. Census, unemployment increased by 13% between 2000 and 2007. (U.S. Census)
- In 2002, 43% of working age residents in the city of Milwaukee did not hold jobs; an even greater proportion of African American men did not have jobs, with a joblessness prevalence of 59%. (1) (2)
- Milwaukee ranks within the top metro areas with the greatest Hispanic / White child disparity, Asian / White child disparity, and Black / White disparity. (2)
- Of the 259,790 children in Milwaukee County, 74,000 children live in poverty. Of those 74,000 children, 91% of them live in the city of Milwaukee. (2)
- Milwaukee is 7th in the nation for the percentage of families living in poverty. (4)

2006-2007 Academic Year Dropout Prevalence: State vs. Milwaukee Public Schools

	State	Milwaukee Public Schools
American Indian/Alaska Native	3.6%	7.9%
Asian/Pacific Islander	1.4%	4.2%
Non-Hispanic Black	5.5%	6.5%
Hispanic	3.5%	4.9%
Non-Hispanic White	0.9%	4.4%
All Students	1.6%	5.9%

Source: The Wisconsin Department of Public Instruction.

<http://data.dpi.state.wi.us/data/graphshell.asp?STYP=9&GraphFile=DROPOUTS&DETAIL=YES&Group=AllStudentsFAY&CompareTo=PRORYEARS&Grade=95&ORGLVL=ST&FULLKEY=ZZZZZZZZZZ&DN=None+Chosen&SN=None+Chosen>

Socioeconomic Comparison: Milwaukee City, State, Baltimore and Cleveland (2000 & 2005)

Socioeconomic Measure	Milwaukee City		Milwaukee City		State		Baltimore		Cleveland	
	2000		2007	% Point Change from 2000	2000		2000		2000	
Employment - % Unemployed	9.4%		10.6%	1.2%	4.7%		10.7%		11.2%	
Percent Below Poverty Level										
Related Children	31.6%		28.8%	2.8%	10.8%		30.6%		37.6%	
Families	17.4%		19.7%	3.9%	5.6%		18.8%		22.9%	
Total Persons	21.3%		24.4%	3.6%	8.7%		22.9%		26.3%	
Median Household Income	\$37,879		\$35,233	9.30%	\$43,791		\$30,078		\$25,928	
Special Populations	No.	% of Total Pop.	No.	% of Total Pop.	No.	% of Total Pop.	No.	% of Total Pop.	No.	% of Total Pop.
Migrant Persons	46,122	7.7%	53,147	9.5%	193,751	3.6%	29,638	4.6%	21,372	4.5%
Persons 5 & over who speak English less than “very well”	41,501	7.5%	44,315	8.7%	148,910	3.0%	18,113	3.0%	22,705	5.2%
Persons 25 & over with less than a high school education	88,947	25.1%	65,089	19.4%	518,417	14.9%	132,699	31.60%	92,069	31.0%
Single Mother Families	32,257	13.9%	33,019	14.5%	128,952	6.2%	34,448	13.3%	29,119	15.3%

Source: The U.S. Census Bureau; Migrant persons: Foreign-born, non-US naturalized citizen; Single mother families: Female head of household, no husband present, own children.

Quality of Life

- Although the Milwaukee metropolitan area ranks in the top 10 worst cities for neighborhood environments for 3 of 4 racial/ethnic groups, Milwaukee ranks 6th for neighborhoods with the best indicators for neighborhood environments for non-Hispanic White children. (3)
- Of the 74,813 children in Wisconsin living in severely stressed neighborhoods, 85.5% of these children live in Milwaukee. (2)

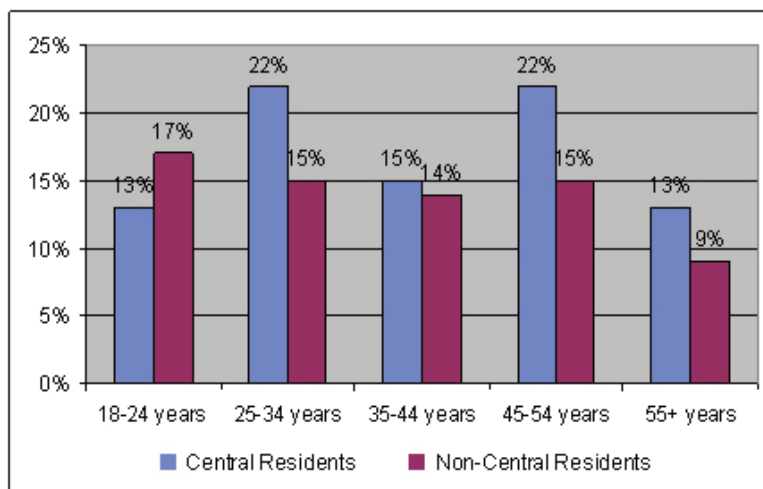
Source: Aurora Central Milwaukee Community Health Survey 2006

Health Resource Availability

Health Care Coverage for Milwaukee Residents

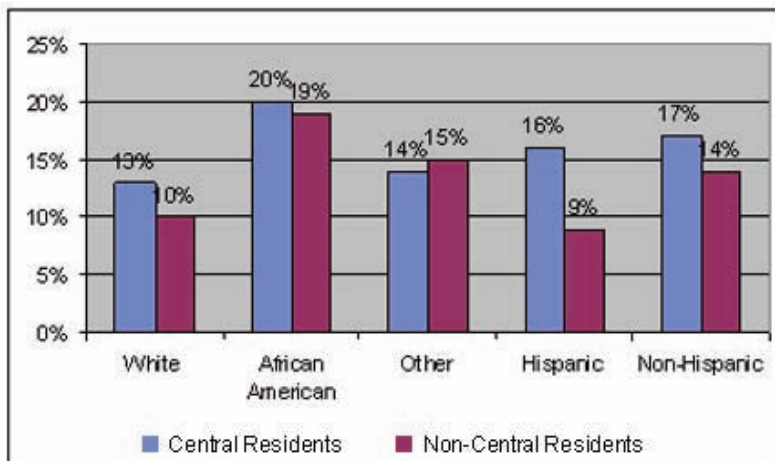
Type of Health Coverage	%
No Coverage	13
Medical Assistance/Title 19	11
Badger Care	4
Medicare	17
A Prepaid Plan (HMO / PPO)	38
Another Commercial Plan	12
Something Else	2
Not Sure	3

Persons Not Receiving Needed Medical Care Within 12 Months by Age (2006)



Source:
Aurora Central Milwaukee Community Health Survey 2006

Persons Not Receiving Needed Medical Care Within 12 Months by Demographic (2006)



Source:
Aurora Central Milwaukee Community Health Survey 2006

Men/Women Cancer Screening by Race, Sex, Origin, Income and Education (2006)

		Gender		Race			Origin		Income \$			Education		
Women's Health Screening	Total	Male	Female	White	African American	Other	Hispanic	Non-Hispanic	\$30,000 or less	\$30,000 - 60,000	\$60,000 or more	High School or less	Some Post-High School	College Graduate
Pap Smear (% of age-specific female population) within the past 3 years	90%		90%	89%	91%	93%	88%	91%	89%	91%	95%	89%	88%	95%
Mammography (% of age-specific female population) within the past 2 years	72%		72%	70%	78%				66%	77%	80%	71%	71%	77%
Men's Health Screening														
Prostate-Specific Antigen Test within the past 2 years	49%	49%		49%	54%				50%	50%	42%	52%	48%	47%
Digital Rectal Exam	32%	32%		28%	40%				30%	41%	22%	29%	41%	28%
Men/Women Health Screening														
Blood Stool Test within the past 2 years (persons 50+)	37%	38%	37%	34%	42%				39%	40%	30%	41%	34%	42%
Sigmoidoscopy or Colonoscopy Exam at least once in lifetime (50+)	60%	58%	61%	61%	58%				56%	61%	64%	55%	61%	68%

Lifestyle Behavioral Risk Factors by Gender, Race, Origin, Income, and Education

	Total	Gender		Race			Origin		Income \$			Education		
Behavioral Risk Factor		Male	Female	White	African American	Other	Hispanic	Non-Hispanic	\$30,000 or less	\$30,000 - 60,000	\$60,000 or more	High School or less	Some Post-High School	College Graduate
Milwaukee City 2003														
Eat 2+ Servings of Fruit/Day	63%	55%	59%						60%	66%	66%	59%	61%	71%
Eat 3+ Servings of Veggies/Day	29%	25%	32%						24%	31%	37%	26%	27%	37%
Classified as Obese/Overweight	62%	63%	61%						63%	64%	54%	63%	64%	54%
Recommended Exercise 5x/Week	27%	29%	25%						25%	29%	26%	25%	25%	32%
Milwaukee City 2006														
Eat 2+ Servings of Fruit/Day	58%	52%	63%	62%	51%	61%	56%	58%	51%	60%	67%	55%	55%	68%
Eat 3+ Servings of Veggies/Day	22%	16%	27%	25%	19%	20%	20%	225	24%	22%	33%	16%	25%	31%
Classified as Obese/Overweight	65%	63%	66%	60%	70%	78%	74%	64%	69%	67%	58%	70%	64%	55%
Moderate Exercise 5x/Week for 30 min.	33%	32%	33%	34%	32%	28%	25%	33%	29%	35%	41%	30%	33%	37%
Vigorous Exercise 3x/Week for 20 min.	20%	26%	15%	23%	16%	23%	22%	20%	17%	20%	35%	15%	20%	30%
Recommended Physical Activity	43%	48%	40%	46%	41%	39%	39%	44%	39%	45%	57%	38%	44%	54%

Source: Aurora Milwaukee Community Health Survey 2003 & 2006

Environmental Health

- In 2004, the prevalence of lead poisoning in Milwaukee was six times greater than the national average at 9.8%. (7)
- All Milwaukee Residents have access to fluoridated water through the tap since 1953 via the public water system. (8)

Social and Mental Health

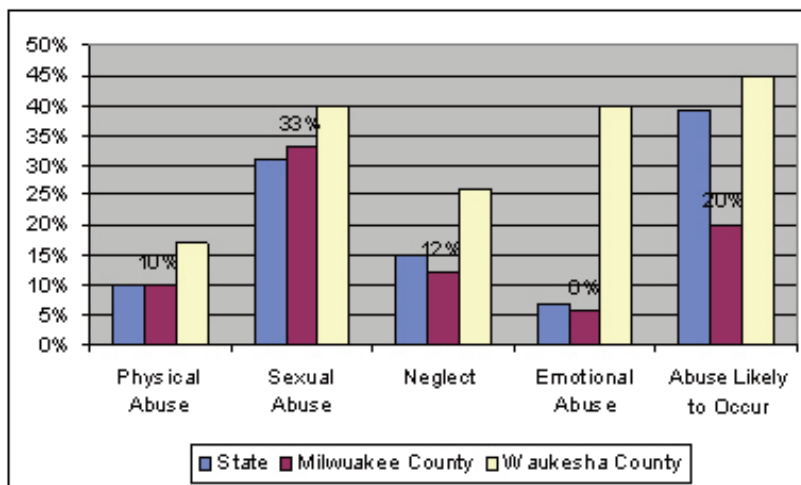
- Aurora Milwaukee Community Health Survey in 2006 said respondents in the 45-54 age group were most likely to feel blue, sad or depressed within the past 30 days compared to other age groups. (6)
- The statewide victimization rate of children was 6.5/1000 children in 2005. The Milwaukee County victimization rate was 9.6/1000 children in 2005. (9)
- According to 2005 data from the City of Milwaukee Vital Records, the infant mortality rate in Milwaukee is 11.5. (10)

Mental Health Status of Different Milwaukee City Populations based on Depression, Suicidal Thoughts and Feelings of Purpose (2003-2006)

Milwaukee City 2003														
		Gender		Race			Origin		Income \$			Education		
Mental Health Status	Total	Male	Female	White	African American	Other	Hispanic	Non-Hispanic	\$30,000 or less	\$30,000 - 60,000	\$60,000 or more	High School or less	Some Post-High School	College Graduate
Milwaukee City 2003														
Always/Nearly Always felt Sad, Blue or Depressed in the Past 30 Days	9%	6%	10%	6%	12%	11%	12%	8%	4%	7%	11%	4%	7%	11%
Considered Suicide in the Past Year	4%	2%	5%	5%	3%	4%	2%	4%	6%	2%	3%	4%	5%	2%
Seldom/Never find Meaning/Purpose in Life	7%	8%	5%	7%	6%	5%	13%	6%	9%	6%	4%	9%	5%	4%
Milwaukee City 2006														
Always/Nearly Always felt Sad, Blue or Depressed in the Past 30 Days	10%	9%	11%	7%	14%	11%	10%	10%	14%	6%	2%	14%	8%	3%
Considered Suicide in the Past Year	7%	7%	8%	6%	8%	8%	8%	7%	9%	6%	5%	8%	8%	6%
Seldom/Never find Meaning/Purpose in Life	6%	7%	5%	5%	7%	9%	9%	6%	7%	5%	1%	8%	5%	2%

Source: Aurora Milwaukee Community Health Survey 2006

Substantiation Rates with State and County Comparisons



Source: Wisconsin Child Abuse and Neglect Report 2005 Data. (9)

Death, Illness and Injury

- 47% of individuals surveyed their health as excellent or very good.
- 21% reported fair or poor.
- These statistics reflect a decreased percentage of respondents who perceived their health as excellent or very good compared to 2003 data.
- 27% of central residents reported their health as fair or poor.
- 19% of non-central residents reported their health as fair or poor.
- Milwaukee responses in overall quality of life were lower compared to state and national statistics.

Top Community Health Concerns

- Regardless of whether residents lived in central or non-central Milwaukee, the top four health concerns were the same, including violence (58%), alcohol use, (49%) teen pregnancy, (46%) and chronic disease (48%). The issues least concerning were lead poisoning (5%) and infant mortality (7%).
- Male respondents were more likely to report infectious diseases while female respondents were more likely to report teen pregnancy or lead poisoning.
- Respondents 18 to 24 years old were more likely to report teen pregnancy or infectious diseases while respondents 25 to 34 years old or 55 to 64 years old were more likely to report infant mortality as one of the top three health issues. Respondents 35 to 44 years old were more likely to report violence while respondents 35 to 54 years old were more likely to report chronic diseases.
- White respondents were more likely to report violence, alcohol/drug use, chronic diseases or infant mortality while African American respondents were more likely to report teen pregnancy or infectious diseases.
- Non-Hispanic respondents were more likely to report violence as one of the top three health issues compared to Hispanic respondents (59% and 51%, respectively).

The Community Health Profile concludes with the following suggestions for improvement to minimize segregation and improve future opportunities for disadvantaged children, based on the No Child Left Behind Report. The report identifies a few models that have worked in the past and included the following:

Early Childhood Development: There is strong scientific evidence as well as increasing policy consensus that comprehensive early childhood development programs substantially improve educational and social outcomes not only during childhood but also into adulthood.

Housing choice, mobility and neighborhood improvement: Housing policy experts suggest that increasing the supply of affordable housing in suburban jurisdictions and diminishing discriminatory barriers that limit the presence of minority family concentrations would aid in housing choice, mobility and overall neighborhood improvement. Policies to reduce residential segregation include expanding neighborhood choice in the HUD Section 8 Voucher program, fair housing enforcement, inclusionary zoning, and increased availability of rental housing.

Education: More school integration is needed. Research shows that students from families with higher socioeconomic status typically bring educational advantages that improve the achievement of all students in the classroom. Because poor Black and Hispanic students are statistically more likely to attend a school of concentrated poverty than poor White students, racially segregated minority schools are less likely to have students from higher socioeconomic backgrounds than schools with higher percentages of White students. Additionally, better schools are needed in minority districts.

STRATEGIC ISSUES

In this step the finding from the four assessments yielded a list of 25 issues that were consistently identified as a community health challenge. This list was condensed into a list of 9 broader strategic issues. In the MAPP model, strategic issues are framed in the form of a question, and represent the fundamental policy choices or critical challenges that must be addressed in order to achieve the vision of Milwaukee as a model community with healthy, safe, hopeful, and empowered residents.

Cross-Cutting Community Health Challenges

- Access to health care
- Access to transportation
- Adverse birth outcomes and infant mortality
- Age discrimination
- Alcohol and drug use
- Education
- Environmental issues
- Gender discrimination
- Housing
- Infant mortality
- Mental health
- Nutrition/obesity/lack of exercise
- Parenting
- Physical/mental disabilities and special needs
- Poverty and financial stress
- Race relations and segregation
- Sexual orientation
- Sexually transmitted infections
- Teen Pregnancy
- Tobacco use and Clean Indoor Act
- Unemployment/lack of jobs in the city
- Unequal treatment of all races
- Violence and personal safety

GOALS AND STRATEGIES

Working through a facilitated process, and using detailed findings from each of the assessments and findings from Wisconsin Healthiest State Project, Steering Committee members crafted goals and strategies for each of the nine strategic issues listed below. In the next section of this report each goal is presented along with strategies and supporting documentation from the four assessments. (Please note that these goals are not in rank order).

1. All persons will have access to and utilize culturally and linguistically appropriate, affordable, timely and quality health care.
2. All persons will live in safety and peace.
3. All persons will have opportunity to access resources that afford them the potential to be successful financially, vocationally and educationally.
4. All persons will have access to comprehensive mental health and ATODA (alcohol, tobacco and other drugs) treatment and prevention services.
5. All persons will benefit from the integration of health into built and natural environments.
6. All persons will have access to quality, culturally and linguistically appropriate sexual health information and services that will afford them the ability to make healthy and informed sexual health related decisions.
7. All persons will experience improved relations between persons of all races and will have opportunities equal to one another.
8. All persons will be supported, engaged, treated with respect and have opportunities equal to one another.
9. All infants, children and teens will have the opportunity for healthy development.

Each of these goals, along with supporting evidence, is explored further on the following pages.

GOAL 1:

All persons will have access to and utilize culturally and linguistically appropriate, affordable, timely and quality health care.

1

Community Health Status Assessment

- In 2006, the number of individuals not personally insured was 13%. (1)
- Households with one member not covered by health insurance sometime in 2006 rose from 27% to 30%, and 14% of all surveyed answered that they did not receive needed care. (6)
- The percent of individuals with a dental visit in the past year decreased 8% between 2003 and 2006. (6)
- 13.6% of mothers interviewed for the Fetal Infant Mortality Review Project reported a fear or dislike of health care providers. (4)

2

Local Public Health Systems Assessment

Essential Public Health Service Needed:

Link people to needed personal health services and assure the provision of health care when otherwise unavailable (30%)

Essential Public Health Service Needed:

Assure a competent public and personal health care workforce (62%)

Essential Public Health Service Needed:

Evaluate effectiveness, accessibility, and quality of personal and population-based health services (47%)

3

Community Strengths and Themes Assessment

The community perceptions and ideas affecting this goal:

- Underinsured
- High costs and co-pays
- Culturally competent/sensitive care
- Publicbenefit packages not adequate
- Health facilities have left city
- Lack of translators
- Lack of specialists (mental health, dental, HIV, geriatrics)
- Disparities in care/quality
- Need more preventative services and screening
- Medical home and stronger primary care
- Lack of medical case management

- Difficult to access alternative technology
- Citizenship
- People treated poorly / disrespectfully when trying to enroll in public assistance programs

4 Forces of Change Assessment

Trends, factors and events affecting this goal:

- Escalating health care costs
- W2 reforms do not assure health care coverage
- Lack of awareness about accessing health care services and resources
- Lack of providers in heavily populated areas
- High concentration of quality health care systems
- Need for diverse and culturally competent health care workforce
- Increasing number of uninsured

Strategies:

- Increase awareness and improve processes to gain access to health benefits and healthcare services
- Increase capacity to provide comprehensive, collaborative health care services
- Increase availability of high-quality healthcare services
- Reduce healthcare related costs for individuals and systems

Get involved:

If you are interested in learning more about this goal area or participating in an action cycle, please contact the City of Milwaukee Health Department at 414-286-3521, or, log on to <http://www.milwaukee.gov/MAPPCommunityHealthA23210.htm>.

GOAL 2:

All persons will live in safety and peace.

1

Community Health Status Assessment

- Homicide is the leading cause of death in Milwaukee for youth ages 15-19 and young adults ages 20-34. (11)
- 7.5% of students carried a weapon on school property in the previous 30 days, and 12% were threatened with a weapon on school property. (12)
- Nationally, 27% of state prisoners report having experienced physical or sexual abuse before incarceration. (13)
- In Milwaukee, 90% of homicide suspects had prior arrests; 77% of homicide victims had prior arrests. (14)
- In 2005, almost 40% of homicide victims in Milwaukee tested positive for illicit drugs at the time of their death. 24% of victims were found to be legally intoxicated. (14)
- Nearly 80% of homicides in Milwaukee in 2006 were completed using a firearm. (14)
- In nearly 40% of homicides in Milwaukee in 2005, the victim and suspect were acquaintances. In another 18% of homicides, the suspect and victim were friends, family members, or intimate partners. (14)
- In 2005, 59% of homicides in Milwaukee were precipitated by a robbery; 33% were related to the drug trade. (14)
- In 2006, Milwaukee County filed a total of 4,695 reported domestic violence misdemeanors and 297 domestic violence felony charges. (15)
- In 2008, up to 90% of violent offenders prosecuted by the City of Milwaukee District Attorney's Office had involvement in the child welfare system or witnessed violence as kids. (16)
- The Milwaukee Homicide Review Commission Reports the following juvenile data: (14)
 - 2007: Out of 105 homicide victims, 11 were juveniles
 - 2008: Out of 71 homicide victims, 10 were juveniles
 - 2007: Out of 126 homicide suspects, 14 were juveniles
 - 2008: Out of 105 homicide suspects, 11 were juveniles
 - 2007: Out of the 285 victims of non-fatal shootings, 81 were juveniles
 - 2008: Out of the 448 victims of non-fatal shootings, 60 were juveniles

2

Local Public Health Systems Assessment

Essential Public Health Service Needed:

Diagnose and Investigate Health Problems and Health Hazards (84%)

Essential Public Health Service Needed:

Develop Policies and Plans that Support Individual and Community Health Efforts (65%)

3 Community Strengths and Themes Assessment

The community perceptions and ideas affecting this goal:

Challenges:

- Feeling unsafe/public safety
- Fear of personal safety in accessing services
- Handguns/gun violence
- Single bullet sales
- Gang violence
- Safety of kids on buses
- Drugs/drug-related crime
- Abuse
- Parents afraid of own children
- Distrust of law enforcement (when providing anonymous tips)
- Racial profiling

Assets:

- People in community care/want to help
- After school programs
- Community-based organizations (CBOs)
- Caring neighbors

4 Forces of Change Assessment

Trends, factors and events affecting this goal:

- Racial segregation in Milwaukee
- Milwaukee is the state's largest city
- Poverty
- Disparities in key health indicators (infant mortality, teen pregnancy, homicide, insurance coverage, immunization rates)
- Health disparities disproportionately impact Black men and boys
- High incarceration rates
- High prevalence of people living in poverty
- Perception of danger and crime
- High rates child abuse, domestic violence, youth violence, homicide
- Availability of guns

Strategies:

- Improve relationships between community and law enforcement agencies
- Implement and enhance early childhood interventions as a means of primary prevention of violence and enhance these programs through integration of risk assessment and provision of resources around violence
- Decrease acceptability of violence and abuse as a viable response
- Decrease access to firearms and ammunition
- Increase the capacity to deliver quality and comprehensive services to survivors (including perpetrators) of violence
- Ensure ex-offenders have access to high-quality health and human services that enhance their ability to succeed
- Support law enforcement in efforts to disrupt drug commerce and related illegal activities

Get involved:

If you are interested in learning more about this goal area or participating in an action cycle, please contact the City of Milwaukee Health Department at 414-286-3521, or, log on to <http://www.milwaukee.gov/MAPPCommunityHealthA23210.htm>.

GOAL 3:

All persons will have opportunity to access resources that afford them the potential to be successful financially, vocationally and educationally.

1 Community Health Status Assessment

- Of the children living in poverty in Milwaukee, 59.1% of those children live 200% below the poverty line. This compares to an estimated 29% of children who live 200% below the poverty line in all of Wisconsin. (2)
- The Milwaukee high school completion rate in 2006-2007 was 68.6%. (2)

2 Local Public Health Systems Assessment

Essential Public Health Service Needed:

Mobilize community partnerships to identify and solve health problems (31%)

Essential Public Health Service Needed:

Develop policies and plans that support Individual and community health efforts (65%)

3 Community Strengths and Themes Assessment

The community perceptions and ideas affecting this goal:

Challenges:

- Lack of available jobs
- Jobs low-paying without benefits
- Low graduation rates
- Lack of parental involvement
- Money management
- Disparities between communities
- Require improved access and coordination of programs for youth; scholarships, loans, mentoring, job training and advanced education
- Disruptive classrooms and poor learning environments

Assets:

- W-2 program / other social and development workforce programs

4 Forces of Change Assessment

Trends, factors and events affecting this goal:

- Lack of ability of city to bring in new industry and new jobs
- No Child Left Behind and chaos in funding for public schools has created climate where health is considered a frill
- Need for parenting education and early childhood education programs
- Declining city population
- Migrating populations from city to suburbs
- State's largest city
- Urban development resulting in shifting population distribution causing socio-economic segregation
- High prevalence of people living in poverty

Strategies:

- Support job growth and business development
- Improve job readiness and school completion
- Support comprehensive and collaborative financial empowerment programs for all stages of life
- Reduce barriers to academic achievement and employment
- Enhance programs and support policies to increase or supplement income or wages
- Collaborate with programs and support policies that offer other supports to the poor
- Increase parental involvement in schools
- Implement youth development programs that improve graduation rates through a collaboration of school home and community approaches

Get involved:

If you are interested in learning more about this goal area or participating in an action cycle, please contact the City of Milwaukee Health Department at 414-286-3521, or, log on to <http://www.milwaukee.gov/MAPPCommunityHealthA23210.htm>.

GOAL 4:

All persons will have access to comprehensive mental health and ATODA (alcohol, tobacco and other drugs) treatment and prevention services.

1**Community Health Status Assessment**

- 6% of residents are classified as heavy drinkers (2+/day males, 1+/day females). (1)
- 56% favor the Clean Indoor Air Act ordinance for eating establishments. (1)
- 27.1% of high school students felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities during the 12 months before the survey. (12)
- Nationally, 56% of inmates in state prisons report having symptoms or a history of mental health problems. 64% of local jail inmates across the US report having symptoms or history of mental health problems. This is compared to 10.6% of the general public who report symptoms or history of mental illness. (13)
- Nationally, almost 42% of state prison inmates report having both a mental health problem and substance dependence or abuse. 24% of state prison inmates report having only a substance dependence or abuse issue. (13)
- The most commonly used drugs among convicted state prison inmates (with and without mental health problems) in the month before arrest were alcohol, marijuana, and cocaine or crack. (13)

2**Local Public Health Systems Assessment****Essential Public Health Service Needed:**

Develop Policies and Plans that Support Individual and Community Health Efforts (65%).

Essential Public Health Service Needed:

Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable (30%).

3**Community Strengths and Themes Assessment**

The community perceptions and ideas affecting this goal:

Challenges:

- Insurance parity
- Residents who don't take medications/have untreated mental health problems

- Anger (in youth)
- Stress /depression
- High illegal drug and alcohol use
- Visibility of drug use
- Loss of mental health services across Milwaukee
- Family issues as they intersect with ATODA/mental health
- Relationship to violence /crime
- Poor education about mental health/ATODA
- Mental health/ATODA not integrated
- Stigma
- Need to provide
- Ongoing treatment and support options

Assets

- Identified need for comprehensive approach to mental and physical health
- Holistic approach to health
- Need to identify community lead strategies for drug problem

4 Forces of Change Assessment

Trends, factors and events affecting this goal:

- Lack of ATODA services
- High rates of substance abuse
- Fourth in the nation for under-age drinking, must change norm
- Political debate over smoke-free venues and cigarette taxes
- Social acceptance of binge drinking and smoking, specific to Milwaukee
- Poverty in Milwaukee
- Need for parenting education and early childhood education programs
- Lack of sufficient mental health services for those in need
- Cuts in funding for mental health services
- High rates of child abuse, domestic violence, youth violence, homicide

Strategies:

- Increase access and improve capacity to provide comprehensive and collaborative prevention and treatment services for ATODA and mental health problems
- Reduce stigma around seeking treatment for mental health and ATODA services
- Reduce and prevent use of tobacco, alcohol, and other substances

Get involved:

If you are interested in learning more about this goal area or participating in an action cycle, please contact the City of Milwaukee Health Department at 414-286-3521, or log on to <http://www.milwaukee.gov/MAPPCommunityHealthA23210.htm>.

GOAL 5:

All persons will benefit from the integration of health into built and natural environments.

1 Community Health Status Assessment

- In 2004, 54% of Milwaukee renters were spending more than 1/3 of their household income on housing. (17)
- Another estimated 42,552 poor households are renters. Of these 67% are working poor, and 18% are elderly and disabled. Most of the working families consist of single parents; out of those single parents, 47% spend more than half of their income on housing related costs, while 78% spend more than 30% of their income on housing. (17)
- The WIC farmer's market program is not available in winter in Wisconsin due to a requirement that WIC-allowable fruits and vegetables from farmer's markets be locally grown. (18)

2 Local Public Health Systems Assessment

Essential Public Health Service Needed:

Develop policies and plans that support individual and community health efforts (65%)

3 Community Strengths and Themes Assessment

The community perceptions and ideas affecting this goal:

Challenges:

- Transit cuts
- Hard to get to jobs in suburbs
- School bus pass policies limit transportation options for after school programs and medical care
- Hunger
- Fitness
- Access to quality food
- Pollution/water quality /lake pollution
- Litter/trash/rodents
- Park maintenance
- Lead poisoning
- Affordable housing

Assets:

- Farmer's markets in the spring
- Some walkable neighborhoods

4 Forces of Change Assessment

Trends, factors and events affecting this goal:

- Housing infrastructure that few residents can afford – developers not thinking of themselves as part of the health of the community
- Existence of interstate / freeway
- Easy access to multiple forms of transportation
- Increase cost of food and other goods
- High rates of obesity
- Issue of food insecurity
- Lack of access to healthy food
- Multiple WIC sites
- Media coverage for food borne illness outbreak
- Global warming and encroachment into natural habitat
- Battle over water rights / diverting water to other regions
- Proximity to Lake Michigan
- Prevalence of outdoor recreation areas (lake, parks, etc.)
- Abundance and awareness of importance of parks and green spaces
- On the whole, city kept clean (from litter, graffiti)
- Senator Kohl's experience / interest in retail food

Strategies:

- Increase physical activity through access to safe and appealing opportunities and incentives
- Increase access to and consumption of healthy foods through the built environment and nutrition education and standards
- Reduce and mitigate environmental contamination affecting urban gardens and brown field redevelopment
- Improve outdoor and indoor air quality
- Improve the cleanliness of city (streets and green spaces)
- Increase comprehensive programming around energy consumption

Get Involved:

If you are interested in learning more about this goal area or participating in an action cycle, please contact the City of Milwaukee Health Department at 414-286-3521, or, log on to <http://www.milwaukee.gov/MAPPCommunityHealthA23210.htm>.

GOAL 6:

All persons will have access to quality, culturally and linguistically appropriate sexual health information and services that will afford them the ability to make healthy and informed sexual-health-related decisions.

1 Community Health Status Assessment

- The 2007 Big City Health Report reported that in 2005 Milwaukee had the highest rate of Chlamydia and the third highest rate of Gonorrhea among the fifty largest US cities. (19)
- According to the If Truth be Told Report published by United Way in 2006, Milwaukee has the 2nd highest percentage of births to teen mothers (20 years and under) among the fifty biggest cities in the United States. (20)
- Maternal infections are related to adverse birth outcomes. (4)
- The incidence of Chlamydia and Gonorrhea infections among Blacks is more than ten times the incidences among Whites. (19)

2 Local Public Health Systems Assessment

Essential Public Health Service Needed:

Mobilize Community Partnerships to Identify and Solve Health Problems (31%)

Essential Public Health Service Needed:

Develop Policies and Plans that Support Individual and Community Health Efforts (65%)

Essential Public Health Service Needed:

Enforce Laws and Regulations that Protect Health and Ensure Safety (70%)

3 Community Strengths and Themes Assessment

The community perceptions and ideas affecting this goal:

Challenges:

- High rates of teen pregnancy
- High rates of sexually transmitted infections (STIs)
- Unfaithful partners
- Violence in relationships
- Personal safety
- Infant mortality
- Need more education on parenting / parents should be more involved
- Low enrollment in family-planning waiver
- Single-parent families
- Breakdown of the family

- Youth violence
- Need for education among vulnerable populations (i.e., the elderly, incarcerated, etc.)
- Less funding for prevention

Assets

- Caring neighbors
- Family-oriented activities / family-friendly city
- Free STD clinics
- Social services / city services
- Improvement in work with infant mortality
- Prenatal care
- High parent involvement
- Active community

4

Forces of Change Assessment

Trends, factors and events affecting this goal:

- Need for parenting education and early childhood education programs
- Disparities in key health indicators (infant mortality, teen pregnancy, homicide, insurance coverage, immunization rates)
- Health disparities disproportionately impact Black men and boys
- High sexual risk-taking among high risk populations
- Controversy in issues related to sexuality and sexual health

Strategies:

- Promote evidence-based education and programs that reduce high-risk sexual behavior and promote healthy relationships
- Increase awareness and access to quality, collaborative, and comprehensive sexual health education and services
- Support and enhance current school-based sexual health education
- Expand sexual education outreach to a broader span of individuals (e.g., seniors, incarcerated, those with physical / mental disabilities, people living in shelters / group homes)
- Improve collaboration between public / private systems and corporations to promote healthy pre-conceptional and sexual health behaviors
- Address community norms / stigma that influence sexual health decision-making

Get Involved:

If you are interested in learning more about this goal area or participating in an action cycle, please contact the City of Milwaukee Health Department at 414-286-3521, or, log on to <http://www.milwaukee.gov/MAPPCommunityHealthA23210.htm>.

GOAL 7:

All persons will experience improved relations between persons of all races and will have opportunities equal to one another.

1 Community Health Status Assessment

- According to U.S. Census data from 2007, 38.4% of Milwaukee residents are African American, 15% are of Hispanic/Latino descent, 1.4% report two or more races. (21)
- The Milwaukee–Waukesha metro area is ranked 98th worst out of 100 on the historic segregation index, but its percentage of population living on Black–White integrated blocks ranks 43rd highest out of the 100 largest metro areas in the U.S. (22)
- In perceived health status by race/ethnicity in Milwaukee, 41.8% of Non-Hispanic African Americans feel their health is excellent/very good, while 37.7% feel their health is good, and 20.5% feel their health is fair/poor. (16) (23)
- In Milwaukee County, the age adjusted rate of Years of Potential Life Lost (YPLL) before age 75 is 14,630 years per 100,000 for African Americans; 12,257 years per 100,000 for Native Americans; 6,143 years per 100,000 for Whites; 4,495 years per 100,000 for Asians; and 5,357 years per 100,000 for Hispanics/Latinos. (16) (24)
- The all-cause mortality rate of Whites age 10-24 in Milwaukee is 47.0 deaths/100,000 White persons age 10-24; the all-cause mortality rate for Blacks in the same age range is 103.2 deaths/100,000 Black persons age 10-24. In the same age range, Whites have a homicide mortality rate of 11.0 homicides/100,000 persons; Blacks have a homicide mortality rate of 53.9 homicides/100,000 persons. (24)

2 Local Public Health Systems Assessment

Essential Public Health Service Needed:

Develop policies and plans that support individual and community health efforts (65%)

Essential Public Health Service Needed:

Enforce laws and regulations that protect health and ensure safety (70%)

3 Community Strengths and Themes Assessment

The community perceptions and ideas affecting this goal:

Challenges:

- Unequal opportunities for people of different races
- Unemployment, education opportunities
- Access to transportation
- Housing
- Segregation
- Lack of bilingual health care

- Systems don't involve the community
- Lack of understanding of reality of segregated neighborhoods
- Racial profiling

Assets

- Diversity as strength
- Culture
- Strong sense of community
- Active foundations and social programs
- Strengths of integration
- Respect for individuals
- Improvement in approach to infant mortality
- Start with youth to allow change
- Progressive leaders interested in social change
- Churches and community organizations working together

4 Forces of Change Assessment

Trends, factors and events affecting this goal:

- Migrating populations from city to suburbs
- Racial segregation in Milwaukee
- Need for diverse and culturally competent health care workforce
- Disparities in key health indicators (infant mortality, teen pregnancy, homicide, insurance coverage, immunization rates)
- Health disparities disproportionately impact Black men and boys
- Need for more minority community leaders

Strategies:

- Address factors that contribute to social and residential segregation
- Promote programs and policies that support integration, social connectedness and community cohesion

Get Involved:

If you are interested in learning more about this goal area or participating in an action cycle, please contact the City of Milwaukee Health Department at 414-286-3521, or, log on to <http://www.milwaukee.gov/MAPPCommunityHealthA23210.htm>.

GOAL 8:

All persons will be supported, engaged, treated with respect and have opportunities equal to one another.

1 Community Health Status Assessment

- In 2005, 40% of hate crimes were committed on the basis of sexual orientation. (25)
- According to Risk Factor Surveillance System, 2005, 79% of Wisconsin residents manage stress well, as compared to 61% of the LGBT community handling stress well. (25)
- Two-thirds of teen moms never finish high school and are less likely to have a job paying above minimum wage and more likely to receive public assistance. (20)

2 Local Public Health Systems Assessment

Essential Public Health Service Needed:

Assure a Competent Public and Personal Health Care Workforce (62%)

3 Community Strengths and Themes Assessment

The community perceptions and ideas affecting this goal:

Challenges:

- Prevalence of violence and crime because of a lack of respect
- Need equal opportunities for everyone
- Need to improve building accessibility (for wheelchair access)
- Discrimination of non-English speaking residents
- Difficulty for undocumented individuals to get services
- Segregated communities
- Disparities in quality of education
- Reality vs. perception of incidents
- Need for education on diversity
- Significant health disparity gaps
- Fear
- Need more social workers to advocate for elderly

Assets:

- Community cares and wants to help
- Residents stick together
- Caring neighbors
- Prevalence of family-oriented activities
- Strong community and faith-based organizations that work together well

- Value of diversity
- Prevention programs
- More of an effort to address diabetes and pre-diabetes in the elderly community

4 Forces of Change Assessment

Trends, factors and events affecting this goal:

- Racial segregation in Milwaukee
- Isolation of minority communities

Strategies:

- Develop systematic, consistent and comprehensive policies and programs that ensure culturally competent services for all persons
- Promote programs and policies that support integration, social connectedness and community cohesion

Get Involved:

If you are interested in learning more about this goal area or participating in an action cycle, please contact the City of Milwaukee Health Department at 414-286-3521, or, log on to <http://www.milwaukee.gov/MAPPCommunityHealthA23210.htm>.

GOAL 9:

All infants, children and teens will have the opportunity for healthy development.

1 Community Health Status Assessment

- The 2007 Black Infant Mortality Rate was 14.06 deaths per one thousand live births, 2.3 times the White rate of 6.1. (26)
- In 2007, the teen pregnancy rate in Milwaukee was 50.03 per one thousand 15-17-year-old girls. (27)
- The 2007-2008 Milwaukee Public School High School graduation rate (percent of 9th graders who graduate in 4 years) is 69%. (28)
- Two-thirds of teen moms never finish high school and are less likely to have a job paying above minimum wage and more likely to receive public assistance. (20)
- For Black babies in 2007, the leading causes of infant mortality included preterm birth, low birth weight and Sudden Infant Death Syndrome (SIDS) (51%). (26)
- The 2007 all-cause mortality rate of Whites age 10-24 in Milwaukee County is 43.98 deaths/100,000 White persons age 10-24; the all-cause mortality rate for Blacks in the same age range is 112.96 deaths/100,000 Black persons age 10-24. In the same age range, Whites have a homicide mortality rate of 4.29 homicides/100,000 persons; Blacks have a homicide mortality rate of 59.53 homicides/100,000 persons. (24)

2

Local Public Health Systems Assessment

Essential Public Health Service Needed:

Monitor Health Status to Identify Community Health Problems (56%)

Essential Public Health Service Needed:

Mobilize Community Partnerships to Identify and Solve Health Problems (31%)

3

Community Strengths and Themes Assessment

The community perceptions and ideas affecting this goal:

Challenges

- Adverse birth outcomes-lower socioeconomic class, higher rate of LBW babies
- High rate of infant mortality in African American babies
- Parents lack information about children's health
- Parents are not engaged, children could have a good education
- Lack of parental involvement
- Lack of options for kids
- Anger and stress
- Safety outside the home
- High teen pregnancy rate
- Lack of affordable housing
- Language barriers with health professionals
- Access to health insurance
- Vaccinations
- Youth violence
- Domestic violence
- Security at schools
- There are no incentives for teachers to bring up grades and encourage graduation from high school and beyond
- Teachers do not encourage parents to become more involved and engaged
- Support teachable moments outside a formal classroom setting
- Need for more education about co-sleeping and infant mortality
- Need for job training

Assets

- After-school programs
- Family oriented activities
- Community-based organizations (CBOs)
- Caring, supportive neighbors
- Close families

- Grandmothers are great assets to parents in rearing kids
- Family-oriented activities
- Culture
- Sense of community
- Spirituality
- Diversity
- Church programs
- Excellent universities
- Mentoring programs
- Opportunity for large change through working with youth
- Youth talents
- Youth desire to participate
- Strong social services in city

4 Forces of Change Assessment

Trends, factors and events affecting this goal:

- Need for parenting education and early childhood education programs
- Disparities in key health indicators (infant mortality, teen pregnancy, homicide, insurance coverage, immunization rates)
- Multiple WIC sites
- High percentage of single parent families
- High incarceration rates
- Poverty in Milwaukee
- *No Child Left Behind* and chaos in funding for public schools has created climate where health is considered a frill

Strategies:

- Improve birth outcomes in Milwaukee, with a focus on African Americans
- Improve “school readiness” of children
- Improve prenatal care programs
- Increase parenting skills
- Increase quality of and access to of early childhood education programs
- Increase capacity to provide parenting education and support
- Increase capacity and collaboration to provide support for youth in school and community settings

Get Involved:

If you are interested in learning more about this goal area or participating in an action cycle, please contact the City of Milwaukee Health Department at 414-286-3521, or, log on to <http://www.milwaukee.gov/MAPPCommunityHealthA23210.htm>.

STRATEGIES AT-A-GLANCE

The Steering Committee, after in-depth research and analysis, developed the following strategies to help achieve the goals and drive the action process. (Please note that these goals and strategies are not in rank order).

1. GOAL:

All persons will have access to and utilize culturally and linguistically appropriate, affordable, timely and quality health care.

Strategies:

- Increase awareness and improve processes to gain access to health benefits and healthcare services
- Increase capacity to provide comprehensive, collaborative health care services
- Increase availability of high-quality healthcare services
- Reduce healthcare-related costs for individuals and systems

2. GOAL:

All persons will live in safety and peace.

Strategies:

- Improve relationships between community and law enforcement agencies
- Implement and enhance early childhood interventions as a means of primary prevention of violence and enhance these programs through integration of risk assessment and provision of resources around violence
- Decrease acceptability of violence and abuse as a viable response
- Decrease access to firearms and ammunition
- Increase the capacity to deliver quality and comprehensive services to survivors (including perpetrators) of violence
- Ensure ex-offenders have access to high-quality health and human services that enhance their ability to succeed
- Support law enforcement in efforts to disrupt drug commerce and related illegal activities

3. GOAL:

All persons will have the opportunity to access resources that afford them the potential to be successful financially, vocationally and educationally.

Strategies:

- Support job growth and business development
- Improve job readiness and school completion
- Support comprehensive and collaborative financial empowerment programs for all stages of life
- Reduce barriers to academic achievement and employment
- Enhance programs and support policies to increase or supplement income or wages
- Collaborate with programs and support policies that offer other supports to the poor
- Increase parental involvement in schools
- Implement youth development programs that improve graduation rates through a collaboration of school, home and community approaches

4. GOAL:

All persons will have access to comprehensive mental health and ATODA (alcohol, tobacco and other drugs) treatment and prevention services.

Strategies:

- Increase access and improve capacity to provide comprehensive and collaborative prevention and treatment services for ATODA and mental health
- Reduce stigma around seeking treatment for mental health and ATODA services
- Reduce and prevent use of tobacco, alcohol, and other substances

5. GOAL:

All persons will benefit from the integration of health into built and natural environments.

Strategies:

- Increase physical activity through access to safe and appealing opportunities and incentives
- Increase access to and consumption of healthy foods through the built environment and nutrition education and standards
- Reduce and mitigate environmental contamination affecting urban gardens and brown field redevelopment
- Improve outdoor and indoor air quality
- Improve the cleanliness of city (streets and green spaces)
- Increase comprehensive programming around energy consumption

6. GOAL:

All persons will have access to quality, culturally and linguistically appropriate sexual health information and services that will afford them the ability to make healthy and informed sexual-health-related decisions.

Strategies:

- Promote evidence based education and programs that reduce high-risk sexual behavior and promote healthy relationships
- Increase awareness and access to quality, collaborative, and comprehensive sexual health education and services
- Support and enhance current school-based sexual health education
- Expand sexual education outreach to a broader span of individuals (e.g., seniors, the incarcerated, those with physical /mental disabilities, people living in shelters /groups homes)
- Improve collaboration between public /private systems and corporations to promote healthy pre-conceptional and sexual health behaviors
- Address community norms /stigma that influence sexual health decision-making

7. GOAL:

All persons will experience improved relations between persons of all races and will have opportunities equal to one another.

Strategies:

- Address factors that contribute to social and residential segregation
- Promote programs and policies that support integration, social connectedness and community cohesion

8. GOAL:

All persons will be supported, engaged, treated with respect and have opportunities equal to one another.

Strategies:

- Develop systematic, consistent and comprehensive policies and programs that ensure culturally competent services for all persons
- Promote programs and policies that support integration, social connectedness and community cohesion

9. GOAL:

All infants, children and teens will have the opportunity for healthy development.

Strategies:

- Improve birth outcomes in the city, with a focus on African Americans
- Improve “school readiness” of children
- Improve prenatal care programs
- Increase parenting skills
- Increase quality and access of early childhood education programs
- Increase capacity to provide parenting education and support
- Increase capacity and collaboration to provide support for youth in school and community settings

PREPARING FOR ACTION

In November 2008, the MAPP Steering Committee was presented with a unique opportunity to jumpstart the action cycle. On behalf of the University of Wisconsin (UW) School of Medicine and Public Health-Population Health Institute, Dr. David Kindig and Helene Nelson met with the MAPP Steering Committee to present a summary and opportunities for collaboration on the Wisconsin Healthiest States Project. At the time of this meeting, researchers at UW were near completion of a searchable web-based application of evidence-based policies and interventions that are linked to the 2010 Wisconsin State Health Plan. UW staff had taken the 9 Milwaukee MAPP strategic issues and linked them to areas of the Wisconsin State Data Base that contained similar goals. The areas of overlap were surprisingly similar. The potential for future Milwaukee Action Teams to tap into this resource was appealing to the Steering Committee and future collaboration was discussed. More information on this initiative can be found on this website:

<http://www.pophealth.wisc.edu/UWPHI/pha/healthiestState.htm>

In February 2009, the MHD received notification of funding from the Kellogg Foundation. This funding will strengthen the ability of the MAPP action teams to achieve their goals through policy change. The three core public health functions are assessment, assurance and policy development. A strong policy component will be essential as Milwaukee MAPP action teams move forward.

NEXT STEPS

The next stage in this community health assessment and plan is to organize for action. With your help, we will engage in a five year action cycle where we will:

1. Plan: Organize action teams, develop measurable objectives and establish accountability, develop action plans.
2. Implement: Review action plans for opportunities for coordination, implement and monitor action plans.
3. Evaluate: Two types of evaluation should occur: evaluation of the entire MAPP process and evaluation of each strategy. Evaluation activities will help determine what has been accomplished and how we are moving towards achieving our vision that:

Milwaukee is a model community with healthy, safe, hopeful, and empowered residents.

We need your help.

Because of the many complexities facing our community, a community health plan that will create real results requires comprehensive solutions.

Please consider joining a work group and assisting with the action cycle to steer change in our community that will positively affect health outcomes.

While there are undoubtedly numerous health issues to address, the committee prioritized action areas to ensure a more realistic and doable plan that will result in real impacts to the public health system. The strategies developed for each goal area will be helpful in implementing action plans. Moving forward, action teams can use these strategy ideas as a means of moving forward and creating change.

How you can help.

- Join a work group focusing on a priority area.
- We are creating workgroups comprised of motivated individuals willing to help make an impact on each action area.
- Join the Steering Committee. We are still in need of individuals who can offer oversight of workgroups and steer the next phases of this process.
- Recommend other organizations or individuals you think could help make a difference.
- Share this report with others and help spread the word in your community about pressing health-related issues and how people can get involved.
- It is our hope that this report will be shared and distributed among all health system partners, and ultimately be integrated into the goals and objectives of multiple organizations with a stake in Milwaukee's health.
- Contact the City of Milwaukee Health Department at 414-286-3521, or, log on to <http://www.milwaukee.gov/MAPPCommunityHealthA23210.htm> to learn more.

Together, WE are the future of Milwaukee's Health!

SOURCES

A variety of data and community sources were used to inform the community assessment process and this report.

Milwaukee Community Health Survey 2003

The health survey was commissioned by Aurora Health Care in partnership with the City of Milwaukee Health Department. The survey was conducted by randomly sampling residents 18 and older in the city of Milwaukee. A total of 1,200 telephone interviews were completed between February 22 and June 10, 2003. The purpose of the survey was to gather behavioral and lifestyle habits of the adult population in Milwaukee and to compare data when necessary to state and national data.

<http://www.aurorahealthcare.org/yourhealth/comm-health-reports/>

Milwaukee's Commitment to Action: Report from the 2003 Urban Health Forum

This health survey analyzed the data from the Milwaukee Community Health Survey 2003 commissioned by Aurora Health Care. A total of 1,200 telephone interviews were completed for the survey ensuring that the data did not vary by more than (+/-) 3 percent. The survey was followed up by a Community Forum in which nearly 300 residents, clinicians, health practitioners and workers gathered to discuss the state of Milwaukee's health.

http://epic.cuir.uwm.edu/HM/contact_us.html

Fetal Infant Mortality Review (FIMR) 2002-2004

Milwaukee's Fetal Infant Mortality Review is a project of the Milwaukee Healthy Beginnings Project (MHBP). The purpose of the report is to provide community members and policymakers with a clear understanding of the factors that contribute to Milwaukee's persistently high rate of stillbirths and infant deaths. The report compares city data of live births, infant deaths and still births to births and deaths in the 12 Zip Code Milwaukee Healthy Beginnings Project (MHBP) target area where the most active work to reduce infant mortality has taken place.

<http://www.milwaukee.gov/WomenandChildHealth23777/InfantMortality.htm>

Health Disparities: Bridging the Gap 2000, Reprinted in 2005

The National Institute of Child Health and Human Development assembled this report with the mission of forming a strategic plan to increase awareness and begin resolving many of the health disparities that exist. The report focuses specifically on disparities among women and children in minority populations. The report offers brief statistical summaries of the leading health disparities across the nation, accompanied with a report on current research and future goals and objectives. This report has been included in this profile to compare local data with national statistics.

http://www.nichd.nih.gov/publications/pubs/upload/health_disparities.pdf

Start Smart Milwaukee 2005

The Wisconsin Council on Children and Families with the support and collaboration of the Milwaukee Public School System, the Department of Workforce Development, the Child Care Research Partnership of the UW-Extension, the Department of Health and Family Services, and Milwaukee County assembled the report with a focus on improving early child care and education. The report summarizes how barriers to quality education affect a child's health and development. These indicators can help assess and forecast the health of Milwaukee residents.

<http://www.wccf.org/pdf/startsmart2005.pdf>

Wisconsin Child Abuse and Neglect Report 2005

The report was published by the Wisconsin Department of Health and Family Services and was the annual report written to the Governor and Legislature. The report contains information on the child protective services process, the number of substantiated and unsubstantiated cases of physical, sexual, and emotional abuse as well as neglect and probable future maltreatment. The data is broken down by county and compares county data with state data. There is also a section which profiles characteristics of maltreaters.

<http://www.chawisconsin.org/Preventinjury/documents/IP5AbuseRpt.pdf>

Public Health Report by Aldermanic District 2005

Each year the City of Milwaukee Health Department publishes a report concerning some of the most pressing health issues and needs in the Milwaukee area. In 2005, the MHD reported on issues such as improving the quality and safety of consumer products and services, healthy and safe homes for children, healthy child development and school readiness, communicable disease investigation, and adolescent school health interventions, among many others. Data about lead poisoning and asthma control in Milwaukee were cited in this document.

http://www.milwaukee.gov/ImageLibrary/Groups/healthAuthors/ADMIN/PDFs/public_health_report_web.pdf

Milwaukee Community Health Survey 2006

The health survey was commissioned by Aurora Health Care in partnership with the City of Milwaukee Health Department and the Center for Urban Population Health. This was a follow-up survey of the Milwaukee Community Health Survey 2003. The survey utilized a randomly selected sample of Milwaukee residents ages 18 and older. The survey was conducted through telephone interviews between March 14 and August 11, 2006. In total 2,000 telephone interviews were completed and assessed for the report. Because of the size of the sample, the percentages cited from the document will not vary by more than (+/-) 2 percent.

<http://www.aurorahealthcare.org/yourhealth/comm-health-reports/>

Central Milwaukee Community Health Survey 2006

The health survey was commissioned by Aurora Health Care in Partnership with the City of Milwaukee Health Department and the Center for Urban Population Health Research. The purpose of the survey was to gather health behavior information from residents from the central and non-central regions of Milwaukee and then compare the data to assess health disparities within these populations. The survey was conducted by random interviews of adults 18 and older in the city of Milwaukee. Between March 14 and August 11, 2006, a total of 1,995 telephone interviews were completed. Because of the sample size, it can be sure that the sample percentages reported from this document would not vary by more than (+/-) 4 percent in the central region of Milwaukee and (+/-) 3 percent in the non-central region.

<http://www.aurorahealthcare.org/yourhealth/comm-health-reports/>

Riverwest Milwaukee: A Community Health Assessment 2004-2006

The Riverwest Health initiative funded the survey project which was performed in two waves during 2004 and 2005. The survey was hand delivered to a random sample of Riverwest residents. The survey included questions relating to household demographics, health behaviors, health care utilization, health conditions of household members, environmental health and safety at home and in the community, personal and family well being, parenting issues, use of and satisfaction with community resources, and preferences for local health programming. The survey responses and results disproportionately represent the aging population of Riverwest, as the majority of surveys were completed by this demographic.

<http://www.riverwesthealth.org/RHI/survey.html>

If Truth Be Told 2006

United Way of Greater Milwaukee assembled the report. An extensive assessment of Milwaukee teen pregnancy and prevention efforts were conducted by reviewing and interviewing fifty-eight Milwaukee agencies that work with teens. Three “listening sessions” were also held to gather views of agency representatives, concerned parents and citizens as well as youth. The report displays a summary of teen birth data, disparities in teen pregnancy, the economic costs, the role of religion, the cycle of poverty, and sexual victimization. Statistical data was also studied, analyzed and summarized in the report.

<http://www.unitedwaymilwaukee.org/PDFs/ITBT.pdf>

Health Disparities among LGBT Populations in Wisconsin: A summary report of needs 2006

An extensive literature review was done to identify the needs and challenges confronted by the LGBT population. Gary Hollander and Brenda Coley from Diverse and Resilient, and David Seal from the Center for AIDS Intervention Research were partners on the project. The literature review was conducted with the Healthiest Wisconsin 2010 goals in mind. A follow-up focus group was accomplished after the literature review and a survey modeled after the data collected from the Behavioral Risk Factor Surveillance System was also conducted.

<http://www.diverseandresilient.org/adult/documents/whitepaper-acx2.pdf>

Children Left Behind: How Metropolitan Areas are Failing America's Children 2007

This report is the first of one in a series published by diversitydata.org. The organization is partnered with the Harvard School of Public Health and the Center for the Advancement of Health. The report highlights disparities between White, Black, Hispanic and Asian children in 100 of the nation's biggest metropolitan areas. The severe challenges and disadvantages that many of these children face are summarized in the report. Some of the indicators investigated were housing, neighborhood conditions, residential integration, education, and health. The diversitydata.org website allows anyone to create a metropolitan area profile, rank metropolitan areas according to their performance and create maps. Most of the data is broken down into racial/ethnic groupings in order to highlight diversity and disparities.

<http://repositories.cdlib.org/cgi/viewcontent.cgi?article=1071&context=cgirs>

CHIMC: Community Health Improvement in Metcalfe and Concordia 2007

The CHIMC committee was created in partnership to reduce child health disparities with the Medical College of Wisconsin, Neighborhood House of Milwaukee, Next Door foundation, City of Milwaukee Health Department, Black Health Coalition of Wisconsin, Inc. and Children's Hospital and Health System. The aim of the project is to: 1) identify and engage Metcalfe and Concordia neighborhood stakeholders as partners with MCW in child health improvement; 2) identify, map and prioritize neighborhood risk/protective factors influencing child health through community residents' interpretation and dissemination; and 3) collectively use key community assets in the planning, implementation, evaluation and dissemination of findings within a Pilot Intervention. As part of the project, staff and partners collected primary and secondary data to gain a health profile of the children in these neighborhoods and prepare for the pilot intervention phase.

<http://www.mcw.edu/display/docid49459/CHIMC.htm>

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